EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: E. I. DU PONT DE NEMOURS AND COMPANY C-8 PERSONAL INJURY LITIGATION	CASE NO. 2:13-MD-2433
	JUDGE EDMUND A. SARGUS, JR.
This document relates to: ALL ACTIONS.	MAGISTRATE JUDGE ELIZABETH P. DEAVERS

DECLARATION OF JOHN M. GRAHAM, JR., M.D., SC.D.

I, John M. Graham, Jr., declare and state as follows:

1. I prepared the Expert Report of John M. Graham, Jr., dated January 27, 2015 ("Expert Report"), and a true and accurate copy is attached as Exhibit 1.

2. Each of the opinions in the Expert Report is stated to a reasonable degree of scientific certainty, and was arrived at using reliable methods.

3. If called as a witness, I would testify competently to the matters stated in the Expert Report.

4. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: March 30, 2015

John M. Graham, Jr.

EXPERT REPORT OF JOHN M. GRAHAM, JR., MD, ScD

Bartlett v E. I. du Pont de Nemours and Company
Cause No. 2:13-cv-0170

and

Wolf v E. I. du Pont de Nemours and Company
Cause No. 2:14-cv-0095

EXPERT REPORT OF JOHN M. GRAHAM, JR., MD, ScD

1.] I have been requested to review and comment on certain statements contained in the expert reports submitted by trial plaintiffs Carla Marie Bartlett and John Wolf, including the reports of Dr. Barry S. Levy (submitted 11/20/14) and Mr. Stephen E. Petty (submitted 12/6/14), that exposure to PFOA caused birth defects in two babies born to mothers who were occupationally exposed to perfluorooctanoic acid (PFOA, also termed C-8) at DuPont's Washington Works plant in West Virginia, and their assertions that exposure to PFOA is causally related to reproductive and developmental effects in humans including birth defects and low birth weight.

2.] I have reviewed information on the infant children of the two mothers, Karen Robinson and Darleen Sue Bailey, and the two mothers' occupational exposure to PFOA at the Washington Works plant. I have reviewed the scientific literature on PFOA, and on the unrelated anomalies seen in these two children. I have also reviewed factual material consisting of the mothers' deposition testimony and medical records and related material. I read reports authored by plaintiffs' experts, including Dr. Levy and Mr. Petty, specific to their opinions concerning claimed developmental health risks in humans allegedly caused by PFOA.

3.] Based on my review of these materials, as well as my extensive education, training and experience, and my research and publications, it is my opinion to a reasonable degree of medical and scientific certainty, using generally accepted practices in the fields of teratology, medical genetics, and epidemiology for establishing causality and applying them to the matters under dispute in this case, that:

a.] Neither of the two reported anomalies was caused by exposure to PFOA, and one of the two reported anomalies was not a birth defect.

b.] No association has been reliably documented in humans for PFOA and any birth, reproductive or developmental outcome. Also, there are no consistent associations between PFOA exposure and reproductive toxicity.

c.] It was reasonable for DuPont to conclude that two children with unrelated and very different congenital anomalies, who were born in 1978 and 1981 to mothers who worked at DuPont, were, at best, case reports that were not statistically significant, did not demonstrate causation, and did not warrant further investigation, since none of the criteria for establishing a causal relationship between exposure to PFOA and adverse reproductive and developmental effects were met.

4.] My opinions are based on the information available to me as of the date of this report. To the extent new information becomes available, and/or plaintiffs' experts supplement their opinions, I reserve the right to amend or supplement my opinions.

CREDENTIALS

5.] I am a board-certified pediatrician and medical geneticist, with almost 40 years of training and experience in clinical genetics, dysmorphology, teratology, developmental disabilities, communicative disorders, and birth defects.

6.] I completed a pediatric internship and residency, as well as fellowships in developmental disabilities and dysmorphology at Boston Children's Hospital and the University of Washington in Seattle, WA. During my dysmorphology training, I did original research on the teratogenic effects of alcohol, fetal constraint, and maternal hyperthermia.

This work was published in peer-reviewed journals, and since that time, I have continued to publish on teratogenic syndromes, genetic syndromes, and other factors that cause birth defects.

7.] I was a steering committee member and co-founder of the David W. Smith Workshop on Malformations and Morphogenesis, which is a nationally recognized conference on the causes of birth defects, which has been held annually since 1980, and I continue to attend and advise organizers of this meeting on a yearly basis. I hold a Professor of Pediatrics Emeritus Lifetime Appointment at The David Geffen School of Medicine at UCLA, where I am on the UCLA Intercampus Medical Genetics Training Program Executive Committee. Beginning in 1988, I served as Director of Clinical Genetics and Dysmorphology at Cedars Sinai Medical Center (CSMC) in Los Angeles. I recently retired from this full-time position, but I continue to treat patients at CSMC and Harbor-UCLA Medical Center, and I teach genetics, teratology, embryology, and dysmorphology to medical students at UCLA and CSMC, as well as to residents and fellows in medical genetics, neonatology, and maternal fetal medicine. Between 1981 and 1988, I held similar positions at Dartmouth Medical School in New Hampshire.

8.] I am an academic clinical geneticist, who until recently saw about 500 outpatients per year and covered the inpatient medical genetics consultation service for a major part of the year (resulting in another 30-40 patients per year). My experience covers a wide variety of clinical problems, including craniofacial disorders, growth disorders, birth defects, intellectual disability, genetic conditions, and teratogenic disorders. Over the past 40 years, I have evaluated over 10,000 fetuses, infants, and children manifesting various

birth defects, developmental disabilities, malformation syndromes, genetic diseases, and teratogenic disorders.

9.] I currently serve on the Section of Genetics and Birth Defects and the Section of Child Development for the American Academy of Pediatrics. I have served on the Editorial Boards for the following journals: *Teratology*, *Birth Defects Research*, *American Journal of Medical Genetics*, *Congenital Anomalies* (Japan), *Annales de Génétique* (France), *European Journal of Medical Genetics*, *Global Pediatric Health,* and *Clinical Pediatrics*. I am a past president of the Teratology Society, where I also served on the Council and other committees for many years. I have participated in Craniofacial Clinics and Spina Bifida Clinics, where I saw numerous children with birth defects in a multidisciplinary setting. I am a past president of the Society for Craniofacial Genetics.

10.] I have authored over 240 publications in peer-reviewed journals, as well as over 100 reviews and book chapters. I have been an investigator on numerous grants from a variety of organizations and governmental agencies dealing with intellectual disability and birth defects, and I have served as a medical advisor and lecturer for numerous support groups for families of children with various genetic syndromes.

11.] I have been a longstanding and active member of numerous professional organizations and academic societies concerned with the health of children and with the causes and prevention of birth defects, including the American Society of Human Genetics, European Society of Human Genetics, American College of Medical Genetics, American Board of Medical Genetics, American Academy of Pediatrics, Society for Pediatric Research, American Pediatric Society, Western Society for Pediatric Research, Teratology Society, and the Society for Craniofacial Genetics.

12.] My credentials, training, publications, and experience are more fully set forth in my *Curriculum Vitae*, which is in Appendix A.

13.] A listing of previous legal matters where I have given deposition and/or court testimony during the past 4 years is in Appendix B. My fee for consulting is $500 per hour.

14.] The medical records, depositions, and literature I considered in this case are listed in Appendix C. I also relied upon the references cited in this report, as well as textbooks, guidelines, and general literature reviews that have been part of my years of experience and training.

OPINIONS

The Science of Birth Defects: Background Rates and Causes

15.] Every infant born in the U.S. has at least a 3% - 5% risk of being born with a major malformation or deformation, and an even higher risk (approximately 10%) of being born with internal anomalies or functional deficits that may not become apparent until later in life. In the past, the cause of most isolated congenital anomalies was unknown, with most malformations falling into the group of those defects with an unknown cause(s). It has previously been estimated that genetic causes (i.e., anomalies arising from alterations in genetic material) account for up to 25% of all human malformations (Beckman and Brent, 1999; Schardein, 2000).

16.] As we have learned more about the human genome and developed new techniques, the proportion of birth defects attributed to genetic causes has increased (Babkina and Graham, 2014). With genomic/genetic diagnostic techniques, up to 70-80% of patients with birth defects and developmental disabilities can receive a genetic/genomic

diagnosis, 10% are attributed to environmental influences and maternal conditions, and only 10-20% continue to have an unknown etiology (Babkina and Graham 2014).

17.] There are numerous types of genetic alterations, the most common of which are mutations (changes to the DNA sequence of genes) and chromosomal defects (e.g., extra or missing chromosomes, or parts of chromosomes). Genetic alterations leading to malformations can be inherited, or can occur spontaneously due to random mutations of DNA. Genetically mediated malformations have never been found to result from exposure to any environmental agents. This is true even of those agents which have been shown to be affirmatively capable of causing damage to genetic material in individual cells, such as radiation. Environmental causes of human malformations (defined as any external influence to fetal development, i.e., not genetic) are thought to account for only 10% or fewer of all malformations (Brent, 2004). Scientists and medical professionals generally agree that most environmentally induced malformations are related to maternal disease states, such as infection, obesity, diabetes or alcoholism. While it has been well-understood in developmental toxicology for several decades that substances in a mother's blood can pass through the placenta to the fetus, it is estimated that only approximately 1% or less of all human malformations are related to exposures during pregnancy such as drug exposures, chemicals, or radiation (Brent, 2004).

18.] There are many relatively common syndromes that lead to fetal growth deficiency, but with the exception of fetal alcohol syndrome, the vast majority of these syndromes are genetic (Mortier, Graham and Rimoin, 2007; Graham, Burkhardt and Rimoin, 2013). The most common cause of intrauterine growth retardation is late gestational fetal constraint (Moh et al., 2012). The smaller the mother in relation to fetal

size, the greater is the possibility of deforming uterine constraint in late fetal life. Deformations are more common in offspring born to small women than those born to larger women (Graham and Sanchez-Lara, 2015). This impact is readily evident in terms of birth size. Additional factors such as maternal smoking, alcohol use, diabetes, obesity, hypertension, and other maternal lifestyle variables and disease states can have a significant effect on birth size (Opitz et al., 1985; Cogswell and Yipp, 1995; Drooger et al., 2005)

19.] A birth defect can occur singly as an isolated defect, or multiple birth defects can also occur in one individual. When multiple birth defects, especially defects affecting varied organs and systems, appear together and are seen in different individuals in different families in a recurrent pattern or combination, they are generally accepted to have a common underlying cause, and are designated a birth defect syndrome, e.g., Down syndrome or fetal alcohol syndrome. As a particular pattern of defects or syndrome is seen in other patients, and as more is learned about a syndrome over time, initial descriptions are refined. Even with well-defined and refined syndromes, there is inherent variability in the manifestations of birth defect syndromes, both in type and severity of the various structural abnormalities that may appear. Patients with the same syndrome will manifest varying degrees of common core features, as well as occasional unusual or infrequent (but related) features. The purpose of syndrome identification and refinement is to enable clinicians to recognize these features as suggesting a specific condition, with a common underlying cause, natural history, and prognosis.

20.] There are two broad classes of birth defect syndromes, genetic and non-genetic (or teratogenic). As stated above, genetic syndromes result from some change in

the genetic material of the conceptus, occurring prior to or around the time of conception, while a non-genetic syndrome does not involve alteration of the genetic material. Genetic alterations generally occur in either the sperm or the egg, or both, prior to or at the time of conception. If there is an alteration in the genetic material of the sperm and/or the egg, when the sperm fertilizes the egg at conception, each cell that derives from that fused egg/sperm cell (i.e., each cell of the developing embryo) will carry that mistake. It is also possible that the genetic material of the sperm and egg could be "normal," but shortly (within hours, or at most days) after conception, a mistake occurs during cell replication. This type of cell replication error would result in "mosaicism," meaning that only some cells of the body will carry the error (i.e., those cells that derive from the cell where the error first took place). The term mosaic refers to the fact that some of the body's cells will carry the genetic error, and others will not. Even when such a mosaic genetic error occurs after conception, the error must occur shortly after conception, since after the first week there would be far too many cells without the mutation for manifestations of the genetic alteration to be apparent.

21.] Genetic disorders can also be inherited from the affected individual's normal parent(s). Within the 20,000-25,000 pairs of genes in the human genome, one member of each pair is derived from each parent. Because genes work in pairs, a person can have a working gene and a defective gene, and still be "normal." Usually the working version of the gene pair, where one gene is defective, allows that gene to perform its specific task (e.g., carriers for Tay-Sachs disease, cystic fibrosis, or Sickle Cell disease can be without the condition but carry the defective gene because it is only in one gene).

22.] These recessive genes in normal carrier parents only become apparent when the parents have a child with a recessive genetic condition. In that case, each parent has the same recessive gene, and the child inherits both non-working genes (i.e. one mutant gene from each parent). Autosomal recessive genetic conditions result when each normal parent, carrying one defective gene in a specific gene pair, each contributes this same defective gene to the conceptus, resulting in a complete lack of this gene's function in the conceptus. The recurrence risk for both parents to have a recurrence of such a condition is 25%.

23.] Dominant conditions result when there is one defective gene in a gene pair, and the normal member of that gene pair cannot complete a specific developmental task by itself. These dominant conditions usually result in a pattern of birth defects, a specific birth defect, or a risk for specific types of cancer because these genes affect developmental pathways or basic cell replication pathways. Once a person has a mutation in one of these genes, then their chance to pass it to an offspring is 50%. We know about the inheritance of dominant autosomal conditions from previous reports of such conditions being inherited in other families. (It is the job of a clinical geneticist to provide counseling for such conditions.)

24.] When such conditions appear for the first time in a family, they reflect a sporadic, new occurrence of this condition. In many instances, random or spontaneous mutations, or chromosomal errors, can lead to genetic birth defects and genetic birth defect syndromes. This is not uncommon. When neither parent has the dominant genetic problem seen in their child, it is termed a de novo (new) or sporadic occurrence. It is

estimated that between 3.0 and 7.5% of all malformations in humans are the result of such fresh dominant mutations in genetic material (Nelson and Holmes, 1973).

25.] Preconception radiation and chemotherapy have the potential to produce germ cell mutations leading to genetic disease in the next generation. Dose-response relationships were evaluated between cancer treatments and genetic diseases in offspring in a case-cohort study involving 472 Danish survivors of childhood and adolescent cancer and their 1,037 pregnancies. No statistically significant associations were found between genetic disease in children and parental treatment with alkylating drugs or preconception radiation doses to the testes in male and ovaries in female cancer survivors. Thus mutagenic chemotherapy and radiotherapy doses to the gonads were not associated with genetic defects in children of cancer survivors (Winther et al., 2012). To the extent of our scientific knowledge at the current time, mutations leading to birth defects just happen in the normal course of cell division. There is one exception: paternal age. Advancing paternal age is associated with an increased risk for structural chromosomal defects and gene mutations in the male (Crow, 2006, Kong et al., 2012). It is commonly accepted that fresh dominant mutations occur more commonly in the sperm than in the egg. The testicle begins to age at age 30, and by age 40, most in vitro fertilization centers will discourage a man from donating his sperm.

The Anomalies In Infants Born to Two Women Who Worked At the DuPont Washington Works Plant Are Not Associated With PFOA.

26.] Congenital anomalies in two children born to mothers who worked at the DuPont Washington Works plant are alleged by plaintiffs' experts Mr. Petty and Dr. Levy to be birth defects caused by their mothers' exposure to PFOA. There is no scientific evidence to support this claim.

27.] The mother of the first child worked in the Teflon Division at the Parkersburg, WV, DuPont Plant from approximately October 1977, until the spring of 1981. Her son was born on 7/15/78. At the time of birth, the child presented with a left epicanthal fold (an extra fold of skin over the inner corner of the eye). This fold temporarily occluded his tear duct on that side. It never required any surgery or created any functional problems.

28.] An epicanthal fold is considered a minor anomaly (a structural variation with no underlying surgical or medical significance), not a true birth defect. Epicanthal folds are normal findings in young infants with a flat nasal bridge, and they usually disappear with the normal growth of the nasal bridge, as it apparently did in this case (based on review of photographs from his mother's deposition). If the nose remains under-developed, epicanthal folds may persist, as they do in Down syndrome. Every person has several minor anomalies that result in the individual differences between people. They are not considered abnormal, and are not considered birth defects. The child's subsequent growth and development was normal. As discussed below, based on extensive testing in experimental animals (primarily rats and rabbits), there is no indication that PFOA is teratogenic or mutagenic (Case et al., 2001; Thibodeau et al., 2003; Butenhoff et al., 2004; Kennedy et al., 2004; Lau et al., 2006). In short, there is no good evidence this minor anomaly was caused by PFOA.

29.] The second mother worked at the Parkersburg, WV, DuPont Plant from 1978 through August 1986. During April or May of 1980, while pregnant, she began working in an area with the potential for PFOA exposure. She worked in that area for a total of three months only. Her son was born on 1/15/81. At the time of birth, the child presented with

Bosma syndrome (diagnosis based on my many years of experience with this condition). He had a partial absence of his nose on the right (heminasal aplasia) and associated underdevelopment of his eye on that same side (colobomatous microphthalmia).

30.] This disorder is usually associated with absence of the nasolacrimal duct, occasional cleft palate, blocked nasal passages (choanal atresia), oro-nasal sensory deficits, and normal intelligence. This condition has been identified as Bosma syndrome (Graham and Lee, 2006). Some individuals with this condition also have hypogonadotropic hypogonadism (decreased hypothalamic stimulation from the base of the brain to the pituitary gland, resulting in underdevelopment of the gonads). Based on recurrence in two reported families (Lee and Graham, 2006), this disorder is thought to have a genetic basis, i.e., result from changes in DNA, with most cases representing fresh dominant mutations (as described in another section). The syndrome most likely occurred here because of a fresh dominant genetic mutation. If this child is fertile, his risk of passing this condition to future offspring could be as high as 50%.

31.] The child was treated by plastic surgeons at Johns Hopkins Hospital, and was evaluated by a clinical geneticist at Columbus Children's Hospital in Ohio. Again, based on extensive testing in experimental animals (primarily rats and rabbits), there is no indication that PFOA is teratogenic or mutagenic (Case et al., 2001; Thibodeau et al., 2003; Butenhoff et al., 2004; Kennedy et al., 2004; Lau et al., 2006). The best indication is that Bosma syndrome is the result of a genetic mutation. PFOA is not mutagenic (EPA 2005), and as discussed, it has not been shown that birth defects are caused by exposure of parents to mutagenic substances.

Identification of Teratogens and Assessment of PFOA

32.] A teratogen may be defined as an agent that can produce a permanent abnormality of structure or function in an organism exposed during embryonic or fetal life. The identification of human teratogens requires careful interpretation of data obtained from several kinds of studies. The first suggestion that an agent might be teratogenic in humans often comes from clinical case reports. Case reports are more useful if they reveal a recurrent pattern of anomalies in children who experienced similar, well-defined exposures at similar points during embryonic or fetal development (i.e. a teratogenic syndrome). Case reports, however, cannot provide reliable quantitative estimates of the risk for anomalies in an exposed pregnancy. While case reports can be important in raising causal hypotheses, many hypotheses so generated prove to be incorrect. The coincidental occurrence of an environmental exposure in a pregnant woman and congenital anomalies in her child is very common, especially where the exposure or the anomalies are relatively frequent.

33.] Accordingly, case studies can be useful, but epidemiological studies provide the only means of obtaining quantitative estimates regarding the strength and statistical significance of associations between agent exposures in pregnant women and abnormalities in their children. Epidemiology is the study of disease and patterns of disease in human populations. Even with well-designed epidemiologic studies, however, one can never assume that a statistically significant association in a single epidemiologic study indicates causality, without other supporting evidence. Multiple epidemiology studies must demonstrate consistency with respect to the existence of an association between a particular exposure and a particular defect.

34.] In evaluating actual reproductive risks, scientists also rely on accurate determination of the dose of the agent, and on information obtained from animal studies. Epidemiologic studies must demonstrate consistency of the reproductive findings, and animal studies should be designed to add to the findings. In addition, in determining if an exposure is teratogenic, a conclusion must not contradict basic principles of teratology, genetics, and reproductive biology. Conclusions should be biologically plausible. In order to be considered a human teratogen, an agent should cause a specific pattern of malformations (a syndrome), and the biologic plausibility of the agent causing this pattern of malformations should be demonstrable in experimental animal systems, and understandable in terms of what we know about human morphogenesis. Among other things, it must be shown that the exposure to the potential causative agent preceded the manifestation of the adverse condition in time.

35.] Truly teratogenic exposures usually result in four different types of adverse reproductive outcomes: 1. Prenatal-onset growth deficiency, 2. specific patterns of malformation, 3. fetal loss, and 4. specific types of postnatal functional deficits, (most commonly neurodevelopmental defects) which comprise a recognizable teratogenic syndrome. Exposures to teratogens also follow a toxicological dose-response curve. There is a threshold exposure level, below which no effect will be observed. As the dose of the teratogen is increased above this threshold, both the severity and frequency of reproductive effects will increase. Unfortunately, some individuals assume that if a drug or chemical causes birth defects in an animal model or in an *in vitro* system at a high dose, then it will produce birth defects at any dose. This misconception may be reinforced by the fact that many teratology studies reported in the literature use several doses that are all

high, and do not determine a no-effect dose. Ignoring the basic tenets of teratology appears to occur most commonly in the evaluation of environmental toxic exposures, where the potential exposure is often very low or unknown, and the agent has been reported to have some developmental effect, but only at a very high dose or a maternally toxic dose. Actual exposure to such substances in more typical circumstances is often orders of magnitude below a threshold dose, and not of concern.

36.] The period and frequency of exposure is also critical in determining what effects will be produced and whether any effects can be produced by a known teratogen. The actual period of development when severe malformations of major organs can be induced by environmental toxicants is from the 18th to the 40th day after conception, except for genitourinary tract development, closure of the palate, and histogenesis of the brain, which can all be affected later in development. Because of the totipotentiality of early embryonic stem cells, surviving embryos exposed to reproductive toxicants before organogenesis begins have a much greater potential for normal development, than when exposed later in development. The nature of embryonic development at this stage reflects the basic characteristic of the "all or none phenomenon," which is a propensity for embryos affected by teratogens to die, rather than survive as malformed embryos.

37.] Most teratogens produce a confined group of congenital malformations following exposure during the critical period of embryonic development. Even the most potent teratogenic agent cannot produce every malformation. While a group of malformations may suggest the possibility of certain teratogens, they cannot definitively confirm the causal agent. On the other hand, the presence of certain malformations can often eliminate the possibility that a particular teratogenic agent resulted in fetal harm,

based on timing, or on alternate causes for the pattern of malformation (e.g., a recognizable genetic syndrome). As generally discussed above, there are accepted methods by which the scientific and medical communities assess whether a particular agent is a human teratogen. In considering whether there may be a causal relationship between a particular agent and a particular defect or syndrome, scientists generally look at the following criteria, referenced by, among others, (Polifka and Friedman, 1999; Brent, 2004; and Shepard, 2010: and Friedman and Hanson, 2013):

- Consistent findings of positive associations by 2 or more high-quality epidemiology studies;
- Proven exposure to the subject agent at critical times in prenatal development;
- Careful delineation of clinical cases with a specific defect or syndrome;
- Rare environmental exposure associated with a rare defect;
- Teratogenicity in experimental animals is important if it exists, but not sufficient in and of itself;
- The association should make biologic sense; and
- Secular trend analysis.

38.] Not all of these criteria must be established in order to prove a causal relationship between a particular agent and a particular defect or syndrome. However, most recognized causal relationships meet several of these criteria.

Epidemiological Studies Fail to Demonstrate any Consistent Teratogenic Effect Associated With Exposure to PFOA

39.] There were no peer-reviewed and published epidemiologic studies indicating

a consistent association between birth defects in humans and PFOA exposure at the time the two infants were born with disparate congenital anomalies to mothers working at DuPont's Washington Works plant in 1978 and 1981. This remains true, and was confirmed by the C-8 Science Panel in its 12/5/2011 Probable Link Evaluation of Birth Defects, which concludes that based on epidemiologic studies and other scientific data, there is not a probable link between exposure to PFOA (C8) and birth defects (C-8 Science Panel, Probable Link Evaluation of Birth Defects, 12/5/2011.)

40.] The Science Panel's conclusions were subsequently published in the peer-reviewed literature. Stein et al. (2014) examined 10,262 live singleton or multiple births from 1990 to 2006, which were studied through the C8 Health Project focusing on a Mid-Ohio River Valley community that was exposed to PFOA at varying levels through occupational exposure and through contaminated drinking water. They examined the association between estimated prenatal PFOA concentration and maternally reported birth defects (n=325) and found there was generally no association between estimated PFOA concentration and birth defects, with the possible exception of brain defects, but this observation was based on only 13 cases, which may represent a chance finding (according to the authors). In this same population, Darrow et al. (2014) performed a prospective study of miscarriage and found little evidence of association with serum levels of PFOA.

41.] Savitz et al. (2012a) estimated serum PFOA levels at the time of pregnancy for 11,737 pregnancies occurring between 1990 and 2006, based on historical information on PFOA releases, environmental distribution, pharmacokinetic modeling, and residential histories. Measures of association between PFOA and birth defects as well as miscarriage, preterm birth, and term low birth weight were close to the null in this study too. Savitz et

al. (2012b) also studied 4547 birth records in this same study area from 1990 through 2004 and found no consistent evidence of an association between estimated PFOA exposure and stillbirth, pregnancy-induced hypertension, preterm birth, or indices of fetal growth.

42.] Residents drinking PFOA-contaminated water from the Little Hocking Water Association (LHWA) in Washington County, Ohio had mean serum PFOA levels significantly higher than those in the general U.S. population. Nolan et al. (2009) examined the birth weight and gestational age of infants born to mothers consuming water with either low or elevated PFOA levels. They found no differences in mean birth weight, gestation, incidence of low birth weight or prematurity, when infants exposed to elevated levels were compared with infants born to mothers drinking water with much lower PFOA levels. The serum PFOA levels in the high-exposure group were 8-50 times higher than the mid-range of those reported in the general population in some studies, while serum PFOS levels were similar to the general population in both groups. Nolan et al. (2010) compared birth weights and gestational ages of neonates born to mothers residing in zip codes with water service provided completely, partially or not at all by the LHWA. The incidence of low birth weight, preterm birth, mean birth weight and mean gestational age of neonates did not significantly differ among water service categories. Markedly elevated PFOA exposure, as categorized by water service category, was not associated with increased risk of lowered birth weight or gestational age.

43.] Nolan et al. (2010) expanded the scope of their analysis to examine the associations between PFOA, congenital anomalies, labor and delivery complications and

maternal risk factors. They concluded that PFOA was not associated with an increased risk of congenital anomalies, most labor and delivery complications and maternal risk factors.

44.] Other studies of the same population have reported similar results, with little to no reported evidence of association between maternal serum levels of PFOA and preterm birth, low birth weight, or miscarriage (Darrow et al., 2013; Stein et al., 2009) or impaired childhood neuropsychological functioning and behavioral impacts (Stein and Savitz, 2011; Stein et al, 2013; Stein et al., 2014). In short, no consistent reproductive effects have been shown in these Mid-Ohio River Valley epidemiological studies, nor do more highly exposed worker populations show more severe or more frequent effects than populations exposed to lower levels.

45.] Additional studies also have confirmed that there are no consistent associations between serum fluorochemical levels (either PFOS or PFOA) in exposed workers and adverse birth outcomes (Lau et al., 2007). Among exposed female workers at a Decatur, Alabama facility where PFCs were manufactured, and their serum PFOS concentrations were many orders of magnitude higher than those measured in the general population, self-reported median birth weight was well within normal range at 3.39 kg. Furthermore, birth weight failed to correlate with high or low exposure to PFOS and PFOA, based on where the mothers worked (Grice et al., 2007). On the other hand, maternal smoking was found to be associated with reduced birth weight in this population. Smoking is known to have a negative effect on size at birth, and if PFOA had a similar effect, it should have been picked up by this study. An initial study of health insurance claims among more highly exposed female workers in this same worker population demonstrated no

significant increased risks for birth defects, infertility, pregnancy complications, prematurity, or perinatal complications (Olsen et al., 2004).

46.] Likewise, additional epidemiological studies of groups within the general population have shown no consistent associations between serum PFOA levels and adverse birth outcomes, including reduced birth size (Fei et al., 2007; Monroy et al., 2008; Washino et al., 2009); preterm birth, low birth weight, or small for gestational age infants (Chen et al., 2012); impact on developmental milestones (Fei et al., 2008); or childhood growth at age 7 years (Andersen et al., 2013).

47.] Moreover, the magnitude of the reductions in birth weight reported in the general population studies were inconsistent and quite small, so it is unlikely to have any clinical significance. These studies do not establish any association between PFOA and intrauterine growth retardation or abnormalities in postnatal growth and development. Since the most common cause for reductions in birth weight is late fetal constraint (Graham and Sanchez-Lara, 2015), any factor that increases the potential for fetal constraint could decrease birth size, without having any real biologic significance. Only permanent reductions in birth size, such as those seen with fetal alcohol syndrome, would be likely to have true biological significance.

48.] Collectively, the epidemiologic studies of diverse population samples are most notable for the inconsistency in their findings. The study by Nolan et al. (2009) looked at a more highly exposed population found no association between reduced birth weight and PFOA exposure. The general population studies were dealing with serum levels of PFOA between 1-6 ng/ml, while the Nolan et al. study dealt with serum PFOA levels approximately 9-10 times higher at 50 ng/ml. With no adverse results reported more

highly exposed populations (Grice et al, 2007; Nolan et al., 2009), and inconsistent birth weight associations in the general population, it cannot be said that these studies, considered as a whole, show a causal link between birth weight and PFOA levels.

49.] In sum, as documented above, PFOA exposure has been thoroughly studied over the years, and there is no consistent association between PFOA exposure during pregnancy and birth defects, miscarriages, and pregnancy complications (prematurity, low birth weight, stillbirths).

Exposure at Critical Times During Prenatal Development to a Specific Agent

50.] Because teratogenic agents disrupt normal cell functions and/or development by specific mechanisms, exposure to an agent at certain times during development may produce a harmful effect, while exposure at other times during development will not. The concept that a teratogenic exposure needs to occur during the critical period when a developing organ or structure is susceptible to the mechanisms of action of a particular agent in order to cause a malformation of that organ or structure has been accepted in medicine since the early 1960s, when a high frequency of limb malformations was associated with the ingestion of thalidomide, but only when ingested during early gestation, when the limbs were forming. As discussed above, epidemiology studies of PFOA do not demonstrate any increase in adverse reproductive health effects, such as birth defects, intrauterine growth retardation, or prematurity. Therefore, the studies support that exposures to PFOA during the period of organ development do not compromise the development of any structures or significantly impair fetal growth.

No Delineation of Clinical Cases

51.] Identification of a human teratogen requires careful interpretation of data obtained from several kinds of studies. The first suggestion that an agent might be teratogenic in humans often comes from published reports of isolated clinical cases (i.e., case reports). While such case reports may generate hypotheses and trigger further investigation, they are generally not considered evidence of causation. In fact, most hypotheses generated by such case reports ultimately prove to be incorrect. As discussed in more detail above, two children with congenital anomalies who were born in 1978 and 1981 to mothers who worked at DuPont are, at best, case reports, that do not demonstrate causation, and did not warrant further investigation at the time. These case reports are emphasized on pages 7 and 8 of Mr. Stephen E. Petty's report as purported evidence that C-8 caused birth defects in offspring born to exposed workers. Dr. Levy extends this speculation on pages 9 and 10 of his report, by citing unpublished work by 3M that suggested C-8 might cause eye defects in unborn rats, whose mothers were fed C-8 during pregnancy.

52.] The rat study cited by Dr. Levy and Mr. Petty were discredited when these experiments in pregnant rats were repeated in multiple studies in rats and a study in rabbits and the fetuses exposed to C-8 did not have any birth defects (US EPA, Office of Pollution Prevention and Toxics, Risk Assessment Division, "Draft Risk Assessment of the Potential Human Health Effects Associated with Exposure to Perfluorooctanoic Acid and its Salts," Jan. 4, 2005). The replication of experiments to duplicate findings is a basic principal of science that is ignored by both Mr. Petty and Dr. Levy in their reports. In addition, upon further review at the time, it was concluded that what was initially interpreted as eye

defects was actually an artifact from how the tissue slides were prepared. (US EPA, Office of Pollution Prevention and Toxics, Risk Assessment Division, "Preliminary Risk Assessment of the Developmental Toxicity Associated with Exposure to Perfluorooctanoic Acid and Its Salts," Apr. 10, 2003).

53.] Moreover, there is no biologic relationship linking the minor anomaly, which affected one child (not a birth defect), with the birth defect syndrome (Bosma syndrome), which affected the other child. The conditions in these two individuals are not alike. Furthermore, the literature on PFOA does not suggest this compound causes either of these conditions or any other specific type of birth defect in humans. In addition, subsequent studies have shown that there is no association between birth defects and PFOA exposure (Stein et al., 2014).

54.] The animal data regarding developmental effects and PFOA and PFOS, cited by Dr. Levy and Mr. Petty, are not relevant to human exposures in the Mid-Ohio River Valley. These animal studies involved huge doses of these compounds, which are not relevant to the population exposures around the DuPont facility in West Virginia. The general population studies report the mid-range of serum levels of PFOA between 1-6 ng/ml, while the Nolan et al. study involved serum PFOA levels about 9-10 times higher at 50 ng/ml. The mean of the serum PFOA level for women aged 20-39 years in the C8 Health Project was 42.3 ng/ml, and the median was 17.0 ng/ml (Frisbee et al., 2009).

55.] By contrast, doses of PFOA used in the rat studies by Butenhoff et al. (2004) resulted in estimated serum concentrations of 32,000-59,000 ng/ml, and for the mouse studies by Lau et al. (2006), the estimated serum concentrations were 15,740-59,550

ng/ml. Thus, the doses of PFOA used to study toxic effects in animals have been many thousand-fold higher than human exposures, and do not see any effects at all.

56.] Mr. Petty criticizes DuPont on page 12 of his report, indicating that the company "was ignoring the known data about human birth defects in their own workers from 1981." Mr. Perry acknowledges that based on 4 developmental studies in laboratory animals, DuPont concluded on 2/29/88 that "C-8 is not considered a developmental hazard." Those and other early studies showed that PFOA was nongenotoxic and nonteratogenic (Case et al., 2001; Thibodeau et al., 2003; Butenhoff et al., 2004; Kennedy et al., 2004, Lau et al., 2006). Thus, the statement that "C-8 is not considered a development hazard" was true in the 1980s, as it remains true today.

57.] Dr. Levy also indicates on page 38 of his report that DuPont should be faulted for not undertaking pregnancy outcome studies in their own employees after two children were born to exposed workers with different anomalies in 1978 and 1981. Dr. Levy ignores the fact that, as discussed, these two defects were not medically related to one another and that the results of the initial animal studies were not replicated in at least three studies that followed. While these additional studies were pending, DuPont made every effort to avoid exposing pregnant workers to high levels of C-8 by moving them to different areas. Further, as testified by Dr. Bruce Karrh, DuPont's corporate medical director at the relevant time, DuPont investigated the two anomalies (one confirmed and unconfirmed) and determined that they were not related to PFOA exposure. There was no scientific reason after the conclusion of the follow up developmental toxicity studies in 1982 to believe that exposure to PFOA could cause developmental defects. Moreover, additional studies were performed that confirmed that PFOA was not teratogenic or

genotoxic (Case et al., 2001; Thibodeau et al., 2003; Butenhoff et al., 2004; Kennedy et al., 2004, Lau et al., 2006).

58.] On page 38, Mr. Petty also criticizes DuPont for not initiating a pregnant worker epidemiology study. Mr. Petty's criticism is incorrect for the same reason that Dr. Levy is incorrect. Moreover, over the past 25 years (1990-2006), such studies of pregnancy outcomes throughout the exposed Mid-Ohio River Valley have been carried out in a thoroughly scientific manner, and they have confirmed that there is absolutely no indication that PFC exposure causes birth defects.

59.] On page 28 of his report, Mr. Petty criticizes a 3/15/02 DuPont media release for stating that "C-8 is not a developmental toxin (it does not cause birth defects)," claiming that data from 1981 suggested otherwise. As discussed above, the statement by DuPont was true in 2002, and it remains true today.

60.] On page 65 and 66 of his report, Mr. Petty again mentions the initial flawed study by 3M regarding a preliminary finding of C-8 treatment-related damage to fetal rat eye lenses. As discussed above, however, these results are irrelevant because they could not be replicated, and were determined to be an artifact of how the slides were prepared. Thus the disparate anomalies in Robinson and Bailey do not suggest a teratogenic syndrome, and the animal studies fail to confirm that any malformations or patterns of defects are caused by exposure to PFOA.

No Rare Environmental Exposure Associated with a Rare Defect

61.] PFOA exposure is relatively ubiquitous in the general population. As discussed above, more heavily exposed individuals do not report any increased incidence

of birth defects, or other adverse developmental effects. The two anomalies cited by the plaintiffs' experts were not rare defects associated with rare environmental exposures.

Animal Studies Do Not Demonstrate a Specific Birth Defect Syndrome

62.] Experimental animal studies sometimes provide a means of identifying agents with teratogenic potential, but a positive animal study is not and should not be considered proof that an agent is teratogenic in humans. It is not appropriate to directly extrapolate positive findings in animals to humans for purposes of determining causation, due to the numerous differences between species. These differences include, among others, differences in placentation, metabolism and embryonic development. Moreover, experiments in animals often employ dosages that are many times greater than those likely to occur in humans, and toxic effects to the animal mother being dosed may impact the fetus and confound the interpretation of fetal outcome (that is, where an animal mother becomes ill due to some exposure at a very high dose, it is difficult to determine whether any fetal effects are due to the mother's illness or a toxic effect of the agent at issue).

63.] With these caveats in mind, I have reviewed the available animal literature on PFOA, and no specific birth defects syndrome has been shown to result from exposures to PFOA. Teratological studies in the rat, rabbit and mouse with PFOA and related compounds from the 1980s forward have been reassuring that PFOA does not cause birth defects (Case et al., 2001; Thibodeau et al., 2003; Butenhoff et al., 2004; Kennedy et al., 2004, Lau et al., 2006). It is also well accepted that experimental animal studies using huge doses that are not experienced by humans can't be considered proof that an agent is teratogenic in humans at much lower doses. Thus, this factor is not met.

No Biologic Plausibility

64.] Any purported causal association needs to make biologic sense, but there is no clear biologic mechanism that would support any association between PFOA and birth defects, or other endpoints of reproductive toxicity. Abbott et al. (2007) studied PFOA-induced developmental toxicity in the mouse and found that postnatal lethality, deficits in postnatal weight gain, and delayed eye opening were all dependent on expression of the peroxisome proliferator-activated receptor alpha, a developmental pathway, as is the development of PFOA-induced liver tumors in rats (Kennedy et al., 2004). Like many other metabolic differences between humans and rodents, this pathway is not relevant to humans (EPA 2005). PFOA exposure does not affect maternal weight gain or fetal resorption in mice, and these effects appear to be independent of PAPR alpha activity. Darrow et al. (2014) found no association between PFOA levels and miscarriages, and there is clearly no association between PFOA exposure and intrauterine growth restriction.

No Secular Trends

65.] Secular trend analysis looks at disease trends following the increasing usage of some agent in large populations. The classic example of secular trend analysis is the appearance of phocomelia (a birth defect in which the extremities are either shortened or missing) in geographic regions where there was increased Thalidomide usage. The appearance of this rare defect triggered an investigation that eventually led to the discovery of the teratogenicity of Thalidomide. There has been no demonstrated increase in the frequency of Bosma syndrome, the birth defect syndrome seen in one of the two children of DuPont workers cited by the plaintiffs' experts, or any other syndrome or

anomaly, with occupational exposure to PFOA, or with the current ubiquitous low-level exposures to PFOA. Thus, this factor is not met.

CONCLUSIONS

66.] In summary, based on the foregoing, to a reasonable degree of medical certainty, there is no relationship between the anomalies seen in the children of the two DuPont workers and their mothers' exposure to PFOA, nor was there sufficient indication of a birth defect syndrome or other pattern of adverse reproductive outcomes associated with PFOA exposure at the time the anomalies were reported to warrant further investigation by DuPont. Furthermore, as confirmed by many additional studies in the following years, existing scientific data even today do not demonstrate any cause for concern from a reproductive or developmental standpoint over low levels of exposure to PFOA. Even before these studies were completed, there was no scientific evidence to suggest the exposure to PFOA was teratogenic, and the C-8 Science Panel has now confirmed that this previous understanding is correct.

I reserve the right to supplement these opinions as additional information becomes available. I also reserve the right to comment on any additional opinions of the Plaintiffs' experts.

Signed: _____
John M. Graham, Jr., MD, ScD:

Dated: 1/27/2015

Appendix A

JOHN M. GRAHAM, JR., M.D., SC.D.

CURRICULUM VITAE

Date of Birth	March 8, 1947
Place of Birth	Wilmington, DE, USA
Business Address	Medical Genetics Institute Cedars-Sinai Medical Center 8700 Beverly Blvd, PACT Suite 400 Los Angeles, CA 90048
Business Phone	310-423-9909
Fax	310-423-9752
E-mail	john.graham@cshs.org

BOARD CERTIFICATIONS

1982	American Board of Medical Genetics (No. 1176)
1982	American Board of Pediatrics (No. 039677)
1993	American College of Medical Genetics (Founding Fellow)

EDUCATION

1969	B.A., Natural and Behavioral Sciences	Johns Hopkins University
1975	M.D., Medicine	Medical University of South Carolina
1981	Sc.D., Public Health Administration and Communicative Disorders	Johns Hopkins University School of Hygiene and Public Health

POSTGRADUATE TRAINING

Pediatric Intern - Children's Hospital Medical Center, Boston MA, 1975-76.

Pediatric Resident - Children's Hospital Medical Center, Boston MA, 1976-77.

Fellow in Developmental Disabilities with Dr. Allen Crocker, Children's Hospital Medical Center, Boston, MA, 1977-78.

Fellow in Dysmorphology with Dr. David W. Smith and Instructor in Pediatrics, University of Washington, School of Medicine, Seattle WA, 1978-80.

PROFESSIONAL EXPERIENCE

Consultant Pediatrician and Medical Geneticist, Harbor-UCLA Medical Center,
Teaching Appointment, Torrance CA 2014-present

Director, Division of CSMC Clinical Genetics and Dysmorphology, retired 6/30/13 1988-2013
Director, CSMC Medical Genetics Birth Defects Center Outpatient Facility, retired 6/30/13 1988-2013
Director Clinical Training, CSMC Medical Genetics Training Program, retired 6/30/13 1990-2013
Director, CSMC Craniofacial Clinic, 1990-2005
Director, CSMC Fetal Dysmorphology/Pathology Service, 1990-2000
Cedars-Sinai Medical Center, Los Angeles, CA
Co-Director, CSMC Prenatal Diagnosis Center, 1988-1993
Associate Professor of Pediatrics in Residence, UCLA School of Medicine 1988-1990
Professor of Pediatrics in Residence, UCLA School of Medicine, Los Angeles, CA 1990-2013
Step I, 1990-1993; Step II, 1993-1996; Step III, 1996-1999; Step IV, 1999-2002;
Step V, 2002-2005; Step VI, 2005-2008; Step VII, 2008-2011; Step VIII, 2011.
Professor Emeritus in Pediatrics, David Geffen School of Medicine at UCLA Lifetime Appointment
Professor of Pediatrics and Biomedical Sciences, CSMC 2010-2013
Director of Clinical Genetics and Dysmorphology Program, 1981-1988
Dartmouth Medical School, Hanover, NH.
Medical Director of New Hampshire Genetic Services Program, 1981-1988
Bureau of Special Medical Services, Division of Public Health Services, Concord, NH.
Assistant Professor of Maternal and Child Health, 1981-1986
Associate Professor of Maternal and Child Health, 1986-1988
Adjunct Professor of Maternal and Child Health, 1988-1998
Dartmouth Medical School, Hanover, NH.

MEDICAL LICENSURE

1977	Massachusetts (Certificate No. 40798), inactive
1978	Washington (Certificate No. 16789), inactive
1980	Vermont (Certificate No. 6590), inactive
1980	New Hampshire (Certificate No. 6276), inactive
1988	California (Certificate No. G64797), active

PROFESSIONAL ACTIVITIES AND COMMITTEES

Steering Committee Member and Co-Founder, David W. Smith Morphogenesis and Malformations Workshop, 1980-2012.

Steering Committee Member, New England Regional Genetics Group, 1981-1988.

Chairman, Health Professional Advisory Committee, NH Chapter, March of Dimes, 1985-1988.

Member, Section on Child Development, American Academy of Pediatrics, 1986-present.

Member, Section on Genetics, American Academy of Pediatrics, 1995-present.

Member, American Society of Human Genetics Information and Education Committee, 1986-1990.

Member, Social Issues Committee of the American Society of Human Genetics, 1991-1993.

Chairman, American Society of Human Genetics Task Force on Teaching Human Genetics in North American Medical Schools, 1988.

Chairman, Genetic Services Triage Committee, Cedars-Sinai Medical Center, 1988-2013

Co-Chairman, Prenatal Diagnosis Case Review Conference, Cedars-Sinai Medical Center, 1988-1993.

Chairman, Medical Genetics Educational Mission Planning Task Force, Cedars-Sinai Medical Center, 1990-2013.

Chairman, Clinical Genetics Review Conference, Cedars-Sinai Medical Center, 1988-present.

Member, Review and Appraisal Committee, Department of Pediatrics, UCLA School of Medicine, 1989-1992 and 1999-2002

Co-Chairman, Year 2 Course on Medical Genetics (Genetics 201), 1989-1993, Chairman, Genetics 201 Planning Committee, UCLA School of Medicine, 1991-1993.

Executive Committee, UCLA Intercampus Fellowship Training Program in Medical Genetics, 1991-2013.

Chairman of Genetics Curriculum Working Group, Curriculum Review Subcommittee, Medical Education Committee, UCLA School of Medicine, 1991-1993.

Chairman, Cedars-Sinai Medical Center Department of Pediatrics Course on Human Genetics, 1988-2013.

Member, Pediatric Advisory Committee, Cedars-Sinai Medical Center, 1988-1990.

Bioethics Committee, Cedars-Sinai Medical Center, 1990-1996.

Southern California March of Dimes Health Professional Advisory Committee, 1991-1994.

Liaison to American Society of Human Genetics from Teratology Society, 1990-2002; Liaison to Dysmorphology Societies (U.K., Europe, U.S.A.) from Teratology Society, 2002-2013.

Teratology Society, Publications Committee, 1989-1995; 2011-2012; Public Affairs Committee, 1997-2000; Finance Commitee 2010-2012; Education Commitee 2010-2012; Program Commitee 2010-2012, Council, 2002-2005; 2009-2013; Vice President Elect, 2009-10; Vice President 2010-11; President 2011-12.

Dysmorphology Sub-Committee, Clinical Practice Committee, American College of Medical Genetics, 1993-97.

Consulting Developmental Pediatrician, UCLA University Affiliated Program, 1995-1999.

President, Society of Craniofacial Genetics, 1998-2000.

Member of Gorlin Dysmorphology Meeting Organizing Committee, 1999-2005.

Guest Editor, American Journal of Medical Genetics, Special Issue on Gastrointestinal Disorders, 122A:281-353, November 1, 2003.
Guest Editor, European Journal of Medical Genetics, Special Issue on Epilepsy and Genetics, European Journal of Medical Genetics, 55(5): 279-280, 2012.
Guest Editor, European Journal of Medical Genetics, Special Issue on Genetics of Common Malformations, European Journal of Medical Genetics, January 2014.

Associate Editor of Clinical Teratology, Teratology, 1983-87, and 1989-95.

Editorial Board Member, Annales de Génétique (France), 2000-2004.

Editorial Board Member: Clinical Pediatrics, 1983-present.

Editorial Board Member, American Journal of Medical Genetics, 1995-2001; 2009-present

Editorial Board Member, Congenital Anomalies (Japan), 2000-present

Editorial Board Member, European Journal of Medical Genetics, 2004-present.

Editorial Board Member, Global Pediatric Health, 2014-present.

International Advisory Board for Indian Academy of Medical Genetics, 2012-present

Cedars-Sinai Medical Center Internal Review Board Committee, 2001-2004, 2010-2013.

SCHOLARLY SOCIETIES AND PROFESSIONAL ASSOCIATIONS

American Society of Human Genetics
European Society of Human Genetics
American College of Medical Genetics
American Board of Medical Genetics
Society of Craniofacial Genetics
Society for the Study of Behavioral Phenotypes
International Society for Prenatal Diagnosis
American Cleft Palate-Craniofacial Association
American Academy of Pediatrics
Society for Pediatric Research
American Pediatric Society
Western Society for Pediatric Research
European Society of Pediatric Research
Teratology Society

HONORS AND SPECIAL AWARDS

Distinguished Accomplishment, National Youth Science Center, Nasson College, Springvale ME, 1964.

First Place in Zoology, International Science Fair, St. Louis MO, 1965.

First Place, 7th Annual Student Research Competition, Medical University of SC, Charleston SC, 1972.

First Place, 8th Annual Student Research Competition, Medical Univ. of SC, Charleston SC, 1973.

Gold Medal and Grand Award, Student A.M.A. Squibb Scientific Exhibit Competition, National Student Research Forum, Galveston TX, 1973.

Alpha Omega Alpha Honorary Medical Fraternity, 1973, Lange Award for Scholarship and Student Community Service, 1973, Medical University of South Carolina, Charleston SC.

Gold Medal, Student A.M.A. Squibb Scientific Exhibit Competition, National Student Research Forum, Galveston TX, 1974.

Mosby Scholarship Book Award for Scholastic Excellence, Medical Univ of South Carolina, 1974 and 1975.

Poncin Scholarship Award, University of Washington School of Medicine, Seattle WA, 1979.

Certificate of Appreciation, United Leukodystrophy Foundation, 1986.

Saul Blatman Clinical Scholar Award (1986), and Saul Blatman Excellence in Teaching Award (1987), Department of Maternal and Child Health, Dartmouth Medical School.

Award for Excellence in Education, UCLA School of Medicine, Los Angeles CA, 1993.

Elected to Delta Omega, Honorary Public Health Society, Alpha Chapter, Johns Hopkins University, School of Hygiene and Public Health, 1994.

CSMC Medical Genetics Institute Paper of the Year Award: Mutations in the gene encoding filamin B disrupt vertebral segmentation, joint formation and skeletogenesis. Nature Genetics, 36:405-410, 2004. Awarded 4/28/04.

Scroll of Appreciation from Brigadier General of the European Medical Command for CME lectures given to U.S. Army medical service providers, 5/21/09

Thank You Doctor Award from ALO Cultural Foundation for service to Lebonese Boy with Fraser Cryptophthalmos Syndrome, June 2009.

Listed by U.S. News and World Report as being among the best doctors and in the top 1% of Clinical Geneticists in the U.S.A. in 2012.

Cedars-Sinai Medical Center Golden Apple Award for Excellence in Teaching Medical Genetics, June 2012.

Cedars-Sinai Medical Center, Medical Genetics Institute, Lifetime Achievement Award in Recognition of Extraordinary Achievement in Teaching and Mentoring, June 27, 2013.

PREVIOUS AND CURRENT GRANTS AND CONTRACTS

"The role of maternal hyperthermia as a teratogen-potentiating factor." 4/1/81-3/25/83: $4000.00. BRSG Grant 2S07-RR05392-21, 6/10/82-7/1/83: $1000.00, Hitchcock Foundation Research Project #51(PI)

"Investigation into the biochemical and genetic basis for X-linked ocular albinism." 4/1/86-3/31/87: $5000.00. Gilman Fund. (PI)

"Investigation into the molecular basis of Beckwith-Wiedemann syndrome." 6/1/8512/31/86: $500 Hitchcock Foundation; $1000 March of Dimes Research Program; $3000.00 BRSG Grant 2S07-RR05392-25, 4/1/87 - 3/31/88. (PI)

"New Hampshire Genetic Services Program." 2/1/81-6/30/88: $283,117.00. New Hampshire Bureau for Special Medical Services, New Hampshire Division of Public Health Services. (PI)

"Multidisciplinary care for children with birth defects and inherited disorders that cause developmental disabilities." 7/1/86-6/30/89: $211,772.00. Jessie B. Cox Charitable Trust Development Program. (CI)

"Genetic counseling learning system: Part 1. Down syndrome, Part 2. Spina bifida." 10/1/87- 9/30/88: $13,200.00, New England Regional Genetics Group Special Project. (PI)

"Collaborative medical and developmental support services project for children with genetic and prenatally determined disorders." 10/1/88 - 9/30/91: $368,062.00, U.S. Department of Education, Bureau of Special Education and Rehabilitative Services. (CI)

"California AFP Screening Program Prenatal Diagnosis Center Follow-Up" Contract No. 88-93587. 7/1/88 - 6/30/92: $440,111.00, California Department of Health Services. (Program Director) Vendorized contract after 6/30/92.

"Longitudinal follow-up in 15 probands with Beckwith-Wiedemann syndrome." 5/23/92-8/31/92: $2,000.00, March of Dimes Summer Science Research Program for Medical Students (recipient Ms. Elaine Weng), UCLA Medical School, Class of 1995): #8-FY9280. (PI) plus Short Term Training Program Summer Research Grant: 5/24/93-8/13/93, $2,700.00, UCLA School of Medicine.

"Mosaic chromosome aneuploidy diagnosed prenatally: a prospective study." 1/1/94-6/30/94: $14,325. Feintech Foundation. (CI)

"Pallister Hall syndrome: genetic linkage studies", 10/1/94-9/30/95: $5,000. NIH National Center for Human Genome Research.

Consulting Geneticist and Developmental Pediatrician, UCLA University-Affiliated Program (MCH Grant): 1995-1999; total contractual award $68,000.

The Incidence and Prevalence of CHARGE Association/Syndrome. Canadian Pediatric Surveillance Program (10/1/01-9/30/04). Kim Blake (PI), John Graham (CI).

The Incidence and Prevalence of CHARGE Association/Syndrome. Kim Blake (PI), John Graham (Consultant). Start-up grant for $10,000 from CHARGE Syndrome Foundation (2001).

E. A. Baker Foundation (Canadian National Institute for the Blind) $23,000, The Incidence and Prevalence of CHARGE Association/Syndrome. Kim Blake (PI), John Graham (CI). (2002-2003).

Genesis Fund Grant for CSMC Craniofacial Clinic for $25,000 (2003), John Graham (PI) Boston MA.

Larsen Syndrome Grant from National Organization for Rare Diseases, $30,000, 10/1/03-9/30/04. John Graham (PI) Danbury CT.

CSMC Infant Progress Clinic; Contract for 20% salary to provide developmental and dysmorphology follow-up services to NICU graduates: (7/1/01-6/30/06).

CSMC Telepsychiatry Grant for Outreach Services; CA Dept of Developmental Services, Sacramento CA, Contract for 10% salary: (10/1/01-9/30/05; 10/1/06-9/30/07).

Identification of Autism Susceptibility Loci – The AGRE consortium. 5% salary to provide dysmorphology consultation. NIMH (3/15/02-2/28/07; renewal pending). $1,812,646. Dan Geschwind (PI). (CSMC IRB has approved my submission to participate in this contract.)

Cat Eye Syndrome Grant from National Organization for Rare Diseases, $30,000, 10/1/05-9/30/07. John Graham (PI) Danbury CT.

The Skeletal Dysplasias. NIH/NICHD Grant HD22657-11. Project period: 12/1/01 to 11/30/06; 12/1/06-4/30/12; Department of Health and Human Services, Public Health Service. David L. Rimoin, M.D., Ph.D. (PI), John M. Graham, Jr., MD, ScD (CI).

Medical Genetics UCLA Intercampus NIH/NIGMS Training Program Grant. GM08243-16". 7/1/02-6/30/07; 7/1/07-6/30/12; 7/1/12-6/30/17). David L. Rimoin, M.D., Ph.D.; Bill Wilcox (PIs), John M. Graham, Jr., M.D., Sc.D., (Member Faculty Executive Committee).

BIBLIOGRAPHY

PEER-REVIEW RESEARCH PUBLICATIONS

1. Graham J.M. Jr., Schreiber R.A., and Zemp J.W.: Effect of d-amphetamine sulfate on susceptibility to audiogenic seizures in DBA/2J mice. Behavioral Biology, 10:183-190, 1974.

2. Schreiber R.A. and Graham J.M. Jr.: Audiogenic priming in DBA/2J and C57BL/6J mice: Interactions between age, prime-to-test interval and index of seizure. Dev. Psychobiology, 9:57-66, 1976.

3. Wertelecki W., Graham J.M. Jr., and Sergovich F.: Clinical recognition of triploidy. Obstetrics and Gynecology, 47:69-76, 1976.

4. Graham J.M. Jr. and Smith D.W.: Parietal craniotabes in the neonate: Its origin and relevance. Journal of Pediatrics, 95:114-116, 1979.

5. Graham J.M. Jr., de Saxe M., and Smith D.W.: Sagittal craniostenosis: Fetal head constraint as one possible cause. Journal of Pediatrics, 95:747-750, 1979.

6. Graham J.M. Jr., Badura R.J., and Smith D.W.: Coronal craniostenosis: Fetal head constraint as one possible cause. Pediatrics, 65:995-999, 1980.

7. Graham J.M. Jr. and Smith D.W.: Metopic craniostenosis as a consequence of fetal head constraint: Two interesting experiments of nature. Pediatrics, 65:1000-1002, 1980.

8. Graham J.M. Jr., Miller M.E., Stephan M.J., and Smith D.W.: Limb reduction anomalies and early in-utero limb compression. Journal of Pediatrics, 96:1052-1056, 1980.

9. Miller M.E., Graham J.M. Jr., Higginbottom M.C., and Smith D.W.: Compression-related defects from early amnion rupture: Evidence for mechanical teratogenesis. Journal of Pediatrics, 98:292-297, 1981.

10. Graham J.M. Jr., Hoehn H., Lin, M.S., and Smith D.W.: Diploid-triploid mixoploidy: Clinical and cytogenetic features. Pediatrics, 68:23-28, 1981.

11. Graham J.M. Jr., Higginbottom M.C., and Smith D.W.: Preaxial polydactyly of the foot associated with early amnion rupture: Evidence for mechanical teratogenesis. Journal of Pediatrics, 98:943-945, 1981.

12. Pleet H., Graham J.M. Jr., and Smith D.W.: Central nervous system and facial defects associated with maternal hyperthermia at 4 to 14 weeks gestation. Pediatrics, 67:785-789, 1981.

13. Pauli R.M., Graham J.M. Jr., and Barr M.: Agnathia, situs inversus, and associated malformations. Teratology, 23:85-93, 1981.

14. Pagon R.A., Graham J.M. Jr., Zonana J., and Yong S.L.: Coloboma, congenital heart disease and choanal atresia with multiple anomalies: CHARGE Association. Journal of Pediatrics, 99:223-227, 1981.

15. Graham J.M. Jr., Stephens T.D., Siebert J.R., and Smith D.W.: Determinants in the morphogenesis of muscle tendon insertions. Journal of Pediatrics, 101:825-831, 1982.

16. Stephens T.D., Siebert J.R., Graham J.M. Jr., and Beckwith J.B.: Parasitic conjoined twins, two cases, and their relation to limb morphogenesis. Teratology, 26:115-121, 1982.

17. Hersh J.H., Graham J.M. Jr., Destrempes B.S., and Greenstein R.M. Teschler-Nicola Killian syndrome: A case report. Journal of Clinical Dysmorphology, 1:20-24, 1983.

18. Graham J.M. Jr., Marin-Padilla M., and Hoefnagel D.: Jejunal atresia associated with cafergot injestion during pregnancy. Clinical Pediatrics, 22:226-228, 1983.

19. Graham J.M. Jr., Stephens T.D., Shepard T.H.: Nuchal cystic hygroma in a fetus with presumed Roberts syndrome. American Journal of Medical Genetics, 15:163-167, 1983.

20. Jung J.H., Graham J.M. Jr., Schultz N., and Smith D.W.: Congenital hydranencephaly/porencephaly due to vascular disruption in monozygotic twins. Pediatrics, 73:467-469, 1984.

21. Graham J.M. Jr., Crow H.C., Rawsley E.F., Simmons G.M., and Hoefnagel D.: Enhanced visualization of soft tissues in the study of aborted fetuses through the use of xeroradiography. Teratology, 30:11-24, 1984.

22. Walzer S., Bashir A.S., Graham J.M. Jr., and Silbert A.R.: Communication disorders, learning disorders, learning difficulties and temperamental style in XXY boys. Journal of Developmental and Behavioral Pediatrics, 5(3):147-149, 1984.

23. Graham J.M. Jr. and Ferm V.H.: Heat and alcohol induced neural tube defects: Interactions with folate in a golden hamster model. Pediatric Research, 19:247-251, 1985.

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278. Dibbern K and Graham JM Jr. Two patients with FG syndrome and unusual additional physical fingings. Journal of Investigative Medicine, 45:128A, 1997. Presented at the Western Society for Pediatric Research Meeting, Carmel, CA, February 6-8, 1997.

279. Graham J.M. Jr.: Exposure to electromagnetic fields from a 60Hz power line source and occurrence of bilateral nephroblastomatosis and Wilms tumor. Proceedings of the Thirty-Second Annual Meeting, in press, 1997. Presented at 33rd Annual Meeting of National Council on Radiation Protection and Measurements, Arlington VA, April 2-3, 1997.

280. Graham J.M. Jr.: Dysmorphology and Teratology Club Symposium: Human developmental genes and phenotypes. Presented at the Pediatric Academic Societies' 1997 Annual Meeting, Washington DC, May 4, 1997.

281. Graham J.M. Jr.: Comparison of velo-cardio-facial syndrome with CHARGE association. Invited Presentation at the Seventh Biennial Southern African Society of Human Genetics Congress, Pilanesberg National Park, South Africa, May 18-21, 1997.

282. Graham J.M. Jr. and Biesecker L.G.: Autosomal dominant Pallister-Hall syndrome maps to GLI3 on 7p13. Presented at the Seventh Biennial Southern African Society of Human Genetics Congress, Pilanesberg National Park, South Africa, May 18-21, 1997.

283. Graham J.M. Jr. and Wang E.W.: Craniosynostosis syndromes and FGFR3 mutations without problems in long bone development. Presented at the Third International Skeletal Dysplasia Meeting, Marina Del Rey CA, August 7-9, 1997.

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286. Graham J.M. Jr. and Jabs E.W.: Use of helmets postoperatively in craniosynostosis syndromes. Journal of Craniofacial Genetics and Developmental Biology, 18:8, 1998. Presented at the 1997 Annual Meeting of the Society of Craniofacial Genetics, Baltimore MD, October 28, 1997.

287. Graham J.M. Jr. and Biesecker L.G.: The Inaugural Tony Lipson Memorial Lecture: Autosomal dominant Pallister-Hall syndrome maps to GLI3 on 7p13. Invited presentation at the Fifth

International Federation of Teratology Societies Conference, Sydney, N.S.W., Australia, November 16-19, 1997.

288. Graham J.M. Jr.: Comparison of velo-cardio-facial syndrome with CHARGE association. Invited presentation at the Fifth International Federation of Teratology Societies Conference, Sydney, N.S.W., Australia, November 16-19, 1997.

289. Schweitzer D.N., Przylepa K.A., Graham J.M. Jr., Lachman R.S., and Jabs E.W.: Subtle radiographic findings in Crouzon syndrome with acanthosis nigracans. Journal of Investigative Medicine, 46:120A, 1998. Presented at the Western Society for Pediatric Research Meeting, Carmel, CA, February 5-7, 1998.

290. Graham J.M. Jr.: Ears you ought to know. Invited presentation at International Conference on Ear Reconstruction '98: Choices for the Future, Chateau Lake Louise Banff National Park, Alberta, Canada, March 4-6, 1998.

291. Graham J.M. Jr.: Lipomas and spinal lesions in Proteus syndrome. Invited presentation at NIH Proteus Syndrome Workshop. National Human Genome Research Institute. National Institutes of Health, Bethesda MD, March 19-20, 1998.

292. Shin S., Biesecker L.G., Graham J.M. Jr.: GLI3 transcription factor mutations, subcellular localization, and repressor/activator functions correlate with the genesis of three distinct human limb malformation syndromes. Presented at the 6th International Limb Development and Regeneration Conference. Teratology, 57:111, 1998. Sun Valley ID, May 17-21, 1998.

293. Graham J.M. Jr., Greenberg C.R., Busch D.: UV sensitivity in COFS, MICRO, and Cockayne syndromes - a spectrum of disorders. Teratology, 57:196, 1998. Presented at the Teratology Society Meeting, San Diego CA, June 21-25, 1998.

294. Graham J.M. Jr, Superneau D., Rogers R.C., Corning K., Schwartz C.E., Dykens E.M.: Behavioral and personality characteristics in FG syndrome. Proceedings of the Greenwood Genetics Center, 18:152, 1999. Presented at the XIX David W. Smith Workshop on Malformations and Morphogenesis, Whistler B.C., August 6-10, 1998.

295. Shah B., O'Connor M., Cronin P., Graham J.: Psychopathology in children with varying levels of prenatal alcohol exposure. Scientific Proceedings 14:129. Presented at the 45th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Anaheim CA, October 26-November 1, 1998.

296. Graham J.M. Jr., Lucas B.: Confirmation of Bosma arhinia microphthalmia syndrome. Presented at the 1998 Annual Meeting of the Society of Craniofacial Genetics, Denver CO, October 27, 1998.

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299. Graham J.M. Jr., Greenberg C.R., Anyane-Yeboa K., Jaspers N.G.J., Raams, A., Coleman D.M., Ziffer, D.W., Busch D.: COFS syndrome may be allelic with Cockayne syndrome and both disorders result from defective nucleotide excision repair. Presented at the 8th Manchester Birth Defects Conference, Manchester UK, November 10-13, 1998.

300. Graham J.M. Jr.: Cole-Hughes macrocephaly-mental metardation syndrome. Presented at the 8th Manchester Birth Defects Conference, Manchester UK, November 10-13, 1998.

301. Graham J.M. Jr, Superneau D., Rogers R.C., Corning K., Schwartz C.E., Dykens E.M.: Behavioral and personality characteristics in FG syndrome. Presented at the 5th International Symposium for the Study of Behavioral Phenotypes, Baltimore MD, November 18-21, 1998.

302. Naqvi S.S., Graham J.M. Jr.: Cole-Hughes macrocephaly-mental metardation syndrome. Presented at the 5th International Symposium for the Study of Behavioral Phenotypes, Baltimore MD, November 18-21, 1998.

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347. Donahue K., Graham, J.M., Jr.: Deformation of the human infant cranium. Abstract Book, page A99. Presented at American Association for the Advancement of Science Annual Meeting. Boston MA, February 14-19, 2002.

348. Graham, J.M., Jr.: An academic practice model for clinical genetics services. Abstract Book, page 100. Presented at the Annual Clinical Genetics Meeting, New Orleans, LA, March 14-17, 2002.

349. Sanchez P.A., Graham J.M., Jr., Relan A.: Digital dysmorphology cases: development of interactive, on-line genetics cases. Abstract Book, page 84. Presented at the Annual Clinical Genetics Meeting, New Orleans, LA, March 14-17, 2002.

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351. Graham J.M., Jr.: Ear anomalies and facial clefting. Invited presentation. 10th Annual Conference on Advanced Practice in Neonatal Care, Atlanta Georgia, April 11-12, 2002.

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354. Graham J.M., Jr.: Behavioral and clinical features of FG syndrome. Invited presentation. FG Family Support Group Meeting, Salt Lake City UT, June 20-21, 2002.

355. Graham J.M., Jr.: Diagnosis and management of environmentally determined head shape abnormalities. Teratology 65:301, 2002. Presented at the Teratology Society Meeting, Scottsdale AZ, June 22-27, 2002.

356. Visootsak J., Dykens E., Graham J.M., Jr.: Clinical and behavioral features of Klinefelter Syndrome (KS) variants: 48,XXYY compared to 48,XXXY and 49,XXXXY. Presented at the Society for Developmental and Behavioral Pediatrics Annual Scientific Meeting and Workshops, Seattle WA, September 26-30, 2002.

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364. Visootsak J., Dykens E., Schwartz C., Rosner B., Graham J.M., Jr.: Behavioral features of Borjeson-Forssman-Lehmann Syndrome (BFLS), compared with Prader-Willi Syndrome (PWS) and Klinefelter Syndrome (KS) variants. Presented at the Society for the Study of Behavioural Phenotypes Meeting, Whistler BC, November 1-4, 2002.

365. Graham J.M., Jr.: How scientific is physical measurement in behavioral phenotypes? A consideration of the proportional effects of extra X chromosomes on dysmorphic features, language and developmental-behavioral outcomes in Klinefelter syndrome variants. Invited Presentation for the Society for the Study of Behavioural Phenotypes Meeting, Whistler BC, November 1-4, 2002.

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375. Graham, J.M., Jr.: CHARGE syndrome: clinical and behavioral features. International CHARGE Syndrome Family Support Group Meeing, Invited Presentation, Cleveland OH, July 24-27, 2003.

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381. Graham, J.M., Jr.: Marshall Edwards Invited Lecture: Cranial deformation in human infants. Birth Defects Research: Part A Clinical and Molecular Teratology, in press, 2004. Presented at the Australian Birth Defects Society Annual Meeting. Brisbane, Australia, February 20-21, 2004.

382. Graham, J.M., Jr.: Invited Lecture: New patterns of malformation in diabetic embryopathy. Birth Defects Research: Part A Clinical and Molecular Teratology, in press, 2004. Presented at the Australian Birth Defects Society Annual Meeting. Brisbane, Australia, February 20-21, 2004.

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387. Graham, J.M. Jr., Lachman R., Krakow D.: Larsen syndrome: suggested diagnostic criteria for *FLNB* mutation analysis. Presented at the 11th Manchester Birth Defects Conference, Manchester England UK, November 9-12, 2004.

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390. Graham, Jr., J.M.: Bosma arhinia microphthalmia syndrome. Presented at Judy Hall's Festscrift at the Western Society for Pediatric Research Meeting, Carmel, CA, February 2-5, 2005.

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392. Casas K.A., Lee J., Hermam K., Graham J.M., Jr., Li, S.: Pathogenesis of ring chromosome 14 syndrome. Presented at American College of Medical Genetics Meeting, Dallas TX , March 17-20, 2005.

393. Visootsak J., Schwenk K, Dykens E., Phelan MC, Graham, J.M., Jr.: Adaptive and maladaptive behavior in 22q13 deletion syndrome compared to 5p- syndrome. Pediatric Research, 57:2301, 2005. Presented at the Pediatric Academic Societies Meeting, Washington, DC, May 14-17, 2005.

394. Graham, Jr. J.M. Symposium: Gene/environment interactions in rare diseases that include common birth defects. Presented at the Teratology Society Meeting, St. Pete Beach, FL, June 25-30, 2005.

395. Graham J.M., Jr. and Visootsak J.: What's new in FG Syndrome? FG Family Support Group Meeting. Boston MA. June 6-9, 2005.

396. Graham, Jr. J.M., Robertson S.P., Kramer N., Lachman R., Rock C., Krakow D: Joint dislocation disorders caused by mutations in *FLNB*. Invited Plenary Session Talk. Presented at Human Genetics Society of Australasia Annual Meeting, Newcastle NSW Australia. July 27-29, 2005.

397. Graham, Jr. J.M.: Differential diagnosis of disorders resulting in microcephaly, cataracts and microcornea. Invited Symposium Talk. Presented at Human Genetics Society of Australasia Annual Meeting, Newcastle NSW Australia. July 27-29, 2005.

398. Graham, Jr. J.M.: Diagnosis and management of CHARGE syndrome. Invited Dysmorphology Club Talk. Presented at Human Genetics Society of Australasia Annual Meeting, Newcastle NSW Australia. July 27-29, 2005.

399. Martinez J.A., Graham, Jr., J.M.: Klippel-Trenaunay syndrome: role of angiogenic factors in vascular malformations and overgrowth syndromes. Proceedings of the Greenwood Genetics Center, 25:104-105, 2006. Presented at the XXVI David W. Smith Workshop on Malformations and Morphogenesis, Iowa City, IA, August 1-5, 2005.

400. Conway R., Danielpour M., Graham, Jr., J.M.: Macrocephaly cutis marmorata telangiectatica congenita: an overgrowth syndrome with cutaneous vascular anomalies. Proceedings of the Greenwood Genetics Center, 25:91, 2006. Presented at the XXVI David W. Smith Workshop on Malformations and Morphogenesis, Iowa City, IA, August 1-5, 2005.

401. Vatanavicharn N., Graham, Jr., J.M.: Microduplication of genes in the PWS/AS region (15q11-13) can cause different clinical phenotypes. Proceedings of the Greenwood Genetics Center, 25:102, 2006. Presented at the XXVI David W. Smith Workshop on Malformations and Morphogenesis, Iowa City, IA, August 1-5, 2005.

402. Adam, M.P., Schelley S., Gallagher R., Brady N., Barr K., Blumberg B., Shieh J.T.C., Graham, Jr., J.M., Hudgins L., Mowat-Wilson syndrome: an under-recognized cause of severely impaired or absent speech. Proceedings of the Greenwood Genetics Center, 25,:84-85, 2006. Presented at the XXVI David W. Smith Workshop on Malformations and Morphogenesis, Iowa City, IA, August 1-5, 2005.

403. Graham, Jr. J.M., Robertson S.P., Kramer N., Lachman R., Krakow D.: Genotype-phenotype correlations in Larsen syndrome. Proceedings of the Greenwood Genetics Center, 25,66, 2006. Presented at the XXVI David W. Smith Workshop on Malformations and Morphogenesis, Iowa City, IA, August 1-5, 2005.

404. Graham, Jr. J.M., Robertson S.P., Kramer N., Lachman R., Rock C., Krakow D.: Genotype-phenotype correlations in Larsen syndrome. Presented at 16th European Meeting on Dysmorphology, Strasbourg France, September 7-10, 2005.

405. Lalani, S.R., Safiullah, A.A., Fernbach S.D., Molinari L.M., Bacino C.A., Davenport S.L., Heffner M.A., Graham, Jr., J.M., Belmont J.W.: Spectrum on CHD7 mutations in 113 individuals with CHARGE syndrome. American Journal of Human Genetics Abstract 10:19, Presented at the American Society of Human Genetics Meeting, Salt Lake City UT, October 25-29, 2005.

406. Lin A., Bird L., Gillessen-Kaessbach J.G., Grossfeld P., Hamilton R., Hicks D., Innes M., Kerr B., Moog U., Rebolledo M. Vaux K., Wieczorek D., Graham, Jr., J.M., Gripp K.: The spectrum of cardiovascular anomalies in Costello syndrome includes arteriopathy. American Journal of Human Genetics Abstract 624:132, Presented at the American Society of Human Genetics Meeting, Salt Lake City UT, October 25-29, 2005.

407. Wang R., Jones J.R., Chen S., Rogers R.C., Friez M.J., Schwartz C.E., Graham Jr., J.M.: Extreme phenotypic variability and a new mutation in HLXB9 in a Currarino Syndrome kindred. American Journal of Human Genetics Abstract 703:145, Presented at the American Society of Human Genetics Meeting, Salt Lake City UT, October 25-29, 2005.

408. Graham, Jr., J.M.: Invited Speaker and Discussant: Descriptive terminology for the periocular region. 1st NIH Consensus Conference on Dysmorphology Nomenclature, Bethesda MD, December 8-10, 2005.

409. Vatanavicharn N., Graham Jr., J. M., Dawson K., Kohlhase J.: Discordant monozygotic twins with Wildervanck syndrome: a proposed mode of inheritance. Journal of Investigative Medicine 54:S100, 2006. Presented at the Western Society for Pediatric Research Meeting, Carmel, CA, February 1-4, 2006.

410. Visootsak J., Rosner B., Dykens E, Tartaglia N, Graham J.M., Jr.: Adaptive and Maladaptive Behavior of Males with Sex Chromosome Aneuploidy. Journal of Investigative Medicine 54(1)S280, 2006. Presented at the Southern Society for Pediatric Research Meeting. Atlanta, GA, March 3-5, 2006. *(SSPR Clinical Science Young Investigator Award)*

411. Conway R.L., Zachai E., Hoyme H.E., Milunsky J.M., Shieh J., Butler M.G., Crandall B., Zinn A., Dorosthar P.C., Graham Jr., J.M.: Macrocephaly-cutis marmorata telangiectatica congenita: a review of 13 patients with attention to clinical features and management. European Journal of Human Genetics14 (Supplement 1): 139, 2006. Presented at European Society for Human Genetics Meeting, Amsterdam NH, May 6-9, 2006.

412. Graham, Jr., J.M.: Invited Presentation: Urethral obstruction malformation sequence and other causes for prune belly syndrome. International Prune Belly Syndrome Support Group Meeting, Torrance CA, July 21, 2006.

413. Graham, Jr., J.M.: Invited Presentation: Differential diagnosis for cerebral overgrowth syndromes. International Sotos Syndrome Support Group Meeting, Orange CA, July 22, 2006.

414. Graham, Jr., J.M.: The morphogenesis of wormian bones. Proceedings of the Greenwood Genetics Center, 26:80-81, 2007. Presented at the 27th David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead CA, Sept 8-12, 2006.

415. Conway R.L., Danielpour M., Pressman B., Butler M.G., Zachai E., Close L., Clericuzio C., Graham Jr., J.M.: Longitudinal analysis of neuroimaging abnormalities in macrocephaly-cutis marmorata telangiectatica congenita. Proceedings of the Greenwood Genetics Center, 26:71-72, 2007. Presented at the 27th David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead CA, Sept 8-12, 2006.

416. Pober B.R., Al-Gazi L., Lacombe D., Chassaing N., Bieth E., Donahoe P.K., McPherson E., Graham Jr., J.M., Hill R.S., Walsh C., Kartarci S.: Locus mapping in Donnai-Barrow syndrome: approach to identify a gene important for congenital diaphragmatic hernia. Proceedings of the Greenwood Genetics Center, 26:53, 2007. Presented at the 27th David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead CA, Sept 8-12, 2006.

417. Vatanavicharn N., Wilcox, Jr., W.R., Graham Jr., J.M., Curry C.J., Pepkowitz S., Lachman R.S., Rimoin D.L.: Diaphanospondylodysostosis (DSD): three new cases and similarities of DSD to the Pax1 knockout mouse. Proceedings of the Greenwood Genetics Center, 26:119, 2007. Presented at the 27th David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead CA, Sept 8-12, 2006.

418. Martinez J.A., Graham, Jr., J.M.: Signaling pathways in nail development: brachydactyly with nail aplasia. Proceedings of the Greenwood Genetics Center, 26:100-101, 2007. Presented at the 27th David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead CA, Sept 8-12, 2006.

419. Risheg H., Friez M.J., Graham. Jr. J.M., Moeschler J.B., Rogers R.C., Opitz J.M., Stevenson R.E., Schwartz C.E.: A novel missense mutation, p.R808W, in the HOPA gene is present in 10% of a cohort of FG syndrome families. American Journal of Human Genetics Abstract Book, Presented at the American Society of Human Genetics Meeting, New Orleans LA, October 9-13 2006.

420. Graham, Jr., J.M.: Diabetic embryopathy. UCSD Course in Human Teratology, La Jolla CA, October 28, 2006.

421. Graham, Jr., J.M., Rock C., Robertson S., Krakow D.: Allelic disorders associated with mutations in filamin B (*FLNB*). Presented at the 12th Manchester Birth Defects Conference, Manchester UK, November 21-24, 2006.

422. Risheg H., Friez M.J., Tarpey P., Raymond L., Turner G., Gecz J., Porteous M., Graham, Jr. J.M., Opitz J.M., Rogers R.C., Lubs H.A., Stevenson R.E., Schwartz C.E.: Lessons from Opitz FG syndrome and Lujan syndrome. Presented at the 12th Manchester Birth Defects Conference, Manchester UK, November 21-24, 2006.

423. Borozdin W., Graham, Jr. J.M., Bamshad M.J., Leipolldt J., Kohlhase J.: Characteristics of three overlapping microdeletions including *SALL4* renders 5 neighboring genes responsible for severe developmental delay in a patient with Okihiro syndrome. Presented at the 12th Manchester Birth Defects Conference, Manchester UK, November 21-24, 2006.

424. Graham, Jr. J.M.: Maternal diabetes and/or obesity during pregnancy as risk factors for birth defects during pregnancy. Invited Lecture for Research Institute, Ospedale Bambino Gesu, Rome Italy, November 28, 2006.

425. Graham, Jr., J.M.: CHARGE syndrome management: clinical and behavioral features. Invited Lecture for Research Institute, Ospedale Bambino Gesu, Rome Italy, November 28, 2006.

426. Graham, Jr., J.M.: Invited Speaker and Discussant: Descriptive terminology for the periocular region. NIH Consensus Conference on Dysmorphology Nomenclature, Rome IT, November 28-30, 2006.

427. Ballif BC, Hornor SA, Sulpizio SG, Lloyd RM, Minier SL, Rorem EA, Theisen A, Jenkin E, Madan-Khetarpal S, Surti U, Medne SU, Zackai E, Asamoah A, Farnsworth P, Gowans G, Conway RC, Graham Jr JM, Bejjani BA, Shaffer LG; Discovery of a novel microdeletion syndrome on 16p11.2p12.2 and identification of other clinically relevant pericentromeric imbalances by array CGH. Platform presentation at the American College of Medical Genetics Meeting, Nashville TN, March 21-24, 2007.

428. Conway R.L., Pressman B., Dobyns B., Danielpouir M., Lee, J., Butler M.G., Zachai E., Close L., Saitta S.C., Clericuzio C., Milunsky J., Hoyme G., Shieh J., Moeschler J.B., Crandall B., Lauzon J.L., Graham Jr., J.M.: Neuroimaging findings in macrocephaly-cutis marmorata telangiectatica congenital: a longitudinal study of 15 patients. Invited Talk. Festschrift for M Michael Cohen. Salt Lake City UT, March 31, 2007.

429. Graham, Jr., J.M., Sanchez-Lara, P.A., Lee J., Hing A.V., Cunningham M.: The morphogenesis of wormian bones. Invited Talk. Festschrift for M Michael Cohen. Salt Lake City UT, March 31, 2007.

430. Ballif BC, Hornor SA, Jenkins E, Madan-Khetarpal S, Surti U, Jackson K, Asamoah A, Farnsworth P, Gowans G, Conway RL, Graham JM Jr, Medne L, Zackai E, Shaikh TH, Geoghegan J, Selzer R, Eis P, Bejjani BA, Shaffer LG: Discovery of clinically relevant pericentromeric imbalances using array-based comparative genomic hybridization. MC-GARD Molecular Profiling of the Genome Conference. Amsterdam, Netherlands. May 2-5, 2007.

431. Schwartz C.E., Tarpey P.S., Raymond L., Risheg H., Lubs H.A., Opitz J.M., Clark R.D., May M.M., Briault S., Graham, Jr. J.M., Fryns J.P., Piluso G., Chelly J., Verloes A., Skinner C., Rogers R.C., Moeschler J.B., Joseph S.M., Jones J., Gecz J., Raymond F.L., Stratton M., Friez M.J., Stevenson R.E.: Opitz-Kaveggia (FG) and Lujan syndromes are allelic having mutations in the MED12 gene. European Journal of Human Genetics, 15:Supplement 1, 267. Presented at the European Society of Human Genetics Meeting, Nice France, June 16-19, 2007.

432. Graham, JM Jr., Risheh H., Rogers R.C., Clark R.D., Jones K.L., Moeschler J.B., May M., Joseph S.M., Jones J.R., Schwartz C.E., Friez M.J., Stevenson R.E.: Clinical features in patients Clinical features in patients with Opitz-Kaveggia (FG) syndrome and a recurrent mutation, p.R961W, in the MED12 gene. European Journal of Human Genetics, 15:Supplement 1, 59. Presented at the European Society of Human Genetics Meeting, Nice France, June 16-19, 2007.

433. Lyons, M.J., Clark, R.D., Graham, J.M. Jr., Hunter, A.G.D., Neri, G., Rogers, R.C., Stevenson, R.E.: Clinical experience in the evaluation of 30 patients with a prior diagnosis of FG syndrome. Proceedings of the Greenwood Genetics Center, 27:102-103, 2007. Presented at the 28th David W. Smith Workshop on Malformations and Morphogenesis, Williamsburg VA, August 8-12, 2007.

434. Graham, J.M. Jr., Visootsak, J., Dykens, E., Clark, R.D., Jones, K.L., Moeschler, J.B., Rogers, R.C., Schwartz,, C.E., Friez, M.J., Stevenson, R.E.: Behavioral features in patients with Opitz-Kaveggia (FG) syndrome and a recurrent mutation, p.R961W, in the MED12 gene. Proceedings of the Greenwood Genetics Center, 27:101-102, 2007. Presented at the 28th David W. Smith Workshop on Malformations and Morphogenesis, Williamsburg VA, August 8-12, 2007.

435. Pober, B.R., Al-Gazali, L., Hill, R.S., Donnai, D., Black, G.C.M., Bieth, E., Chassaing, N., Lacombe, D., Devriendt, K., Teebi, A., Lacassie, Y., Graham, J.M. Jr., McPherson, E., Toriello, H., Loscertales, M., Robson, C., MacLaughlin, D.T., Noonan, K.M., Russell, M.K., Walsh, C.A., Donahoe, P.K., and Kantarci, S.: Mutations in megalin cause Donnai-Barrow Facio-Oculo-Acoustico-Renal syndrome. Proceedings of the Greenwood Genetics Center, 27:67-68, 2007. Presented at the 28th David W. Smith Workshop on Malformations and Morphogenesis, Williamsburg VA, August 8-12, 2007.

436. Sanchez-Lara, P.A., Graham, J.M. Jr., Lee, J., Hing, A.V., Cunningham, M.: Wormian bones in non-syndromic craniosynostosis. Proceedings of the Greenwood Genetics Center, 27:128, 2007. Presented at the 28th David W. Smith Workshop on Malformations and Morphogenesis, Williamsburg VA, August 8-12, 2007.

437. Clark, R.D., Graham, J.M. Jr., Stevenson, R.E., Rogers, R.C., Jones, K.L., Moeschler, J.B., Friez, M.J., Schwartz, C.E.: Opitz-Kaveggia (FG) syndrome revisited: the clinical phenotype in 10 affected males with the *MED12* mutation R961W. Proceedings of the Greenwood Genetics Center, 27:100-101, 2007. Presented at the 28th David W. Smith Workshop on Malformations and Morphogenesis, Williamsburg VA, August 8-12, 2007.

438. Graham, J.M. Jr., Clark, R.D., Visootsak, J., Dykens, E., Jones, K.L., Moeschler, J.B., Rogers, R.C., Simenson, R, Schwartz,, C.E., Friez, M.J., Stevenson, R.E.: FG syndrome (Opitz-Kaveggia syndrome): clinical and behavioral phenotype in males with *MED12* mutation, p.R961W. Genetic Counseling, in press, Presented at the 18th European Meeting on Dysmorphology, Strasbourg, FR, September 5-7, 2007.

439. Graham, J.M., Jr.: Invited presentation: Differential diagnosis: generalized overgrowth disorders. 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

440. Graham, J.M., Jr.: Invited presentation: Differential diagnosis: generalized overgrowth disorders. 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

441. Graham, J.M., Jr.: Invited presentation: Dysmorphic features of the skull and face, 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

442. Graham, J.M., Jr.: Invited presentation: Dysmorphic features of the trunk and limbs, 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

443. Graham, J.M., Jr.: Invited presentation: Deformations and deformation patterns, 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

444. Graham, J.M., Jr.: Invited presentation: Disruptions and disruptive patterns, 1st Course in Clinical Dysmorphology, European School of Genetic Medicine, Bologna IT, September 9-12, 2007.

445. Graham, J.M. Jr., Clark, R.D., Visootsak, J., Dykens, E., Jones, K.L., Moeschler, J.B., Rogers, R.C., Simenson, R, Schwartz,, C.E., Friez, M.J., Stevenson, R.E.: FG syndrome (Opitz-Kaveggia syndrome): clinical and behavioral phenotype in males with *MED12* mutation, p.R961W. Genetic Counseling, in press, Presented at the 13th International Meeting on Fragile X and Mental Retardation, Venice, IT, October 3-6, 2007.

446. Graham, J.M., Jr.; Invited Talk: Pierre Robin Sequence. Children's Hospital of Orange County Craniofacial Symposium. Orange CA, October 13, 2007.

447. Graham, J.M. Jr., Visootsak, J., Dykens, E., Clark, R.D., Jones, K.L., Moeschler, J.B., Rogers, R.C., Schwartz,, C.E., Friez, M.J., Stevenson, R.E.: Behavioral features in patients with FG (Opitz-Kaveggia) syndrome and a recurrent mutation, p.R961W, in the *MED12* gene. American Society of Human Genetics Abstract Book p156, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

448. Sanchez-Lara, P.A., Graham, J.M. Jr., Lee, J., Hing, A.V., Cunningham, M.: The morphogenesis of wormian bones: a study of craniosynostosis and purposeful cranial deformation. American Society of Human Genetics Abstract Book p149, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

449. Conway R.L., Pressman B., Dobyns B., Butler M.G., Zachai E., Saitta S.C., Campbell, L., Clericuzio C., Milunsky J., Hoyme G., Shieh J., Moeschler J.B., Crandall B., Lauzon J.L., Visckochil D., Harding B., Graham Jr., J.M.: Neuroimaging findings in macrocephaly-cutis marmorata telangiectatica congenital. American Society of Human Genetics Abstract Book p138, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

450. Carr C.W., Zhang J., Carron J.D., Lachman R.S., Graham, J.M., Jr., Kramer N.A., Abdul-Rahman O.A.: Van Den Ende Gupta syndrome: expansion of the phenotype and confirmation of autosomal recessive inheritance. American Society of Human Genetics Abstract Book p147, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

451. Clark R.D., Graham J.M., Jr., Stevenson R.E., Rogers R.C., Jones K.L., Moeschler J.B. Friez M.J., Schwartz C.E.: Opitz-Kaveggia (FG) syndrome revisited: the clinical phenotype in 10 affected males with *MED12* mutation R961W. American Society of Human Genetics Abstract Book p158, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

452. Bernstein J.A., Alkuraya, F.S., Armstrong L., Chen K.C., Clericuzio C., Graham J.M., Jr., Stoler J., Saal H.M., Stevens C.A., Cherry A.M., Hoyme H.E.: Duplication 22q11.2: clinically heterogeneous new syndrome or genetic polymorphism? American Society of Human Genetics Abstract Book p170, Presented at the American Society of Human Genetics Meeting, San Diego CA, October 23-27, 2007.

453. Graham J.M., Jr. Invited Lecture: Craniofacial malformations, deformations disruptions and dysplasias. Indian Academy of Pediatrics Course on Genetics for the Practicing Pediatrician. New Delhi, India. December 16-16, 2007.

454. Graham J.M., Jr. Invited Lecture: Common malformation syndromes in pediatric practice. Indian Academy of Pediatrics Course on Genetics for the Practicing Pediatrician. New Delhi, India. December 16-16, 2007.

455. Graham J.M., Jr. Invited Lecture: Congenital overgrowth syndromes. Indian Academy of Pediatrics Course on Genetics for the Practicing Pediatrician. New Delhi, India. December 16-16, 2007.

456. Graham J.M., Jr., Visootsak J., Dykens E., Clark R.D., Jones, K.L., Moeschler J.B., Rogers R.C., Schwartz C.E.,Friez M.J., Stevenson R.E.: Clinical and behavioral features in patients with FG (Opitz-Kaveggia) syndrome and a recurrent mutation, p.R961W, in the MED12 gene. American College of Medical Genetics Annual Meeting, Phoenix AZ, March 12-16, 2008.

457. Graham J.M., Jr. Invited Lecture: Larsen Syndrome. Second European Course in Clinical Dysmorphology. Rome, Italy. March 28-29, 2008.

458. Adam, M.P., Hudgins L., Carey, J.C., Hall, B.D., Coleman K., Gripp K.W., Perez-Aytes A., Graham, Jr., J.M.: Invited Presentation. Preaxial hallucal polydactyly as a marker for diabetic embryopathy. Lewis B. Holmes Festschrift, Boston MA, May 10, 2008.

459. Graham J.M., Jr. Course Organizer, Invited Presentation: Dysmorphic features of the face and skull. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

460. Graham J.M., Jr. Course Organizer, Invited Presentation: Teratogenic effects of maternal diabetes and/or obesity. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

461. Graham J.M., Jr. Course Organizer, Invited Presentation: Fetal alcohol syndrome. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

462. Graham J.M., Jr. Course Organizer, Invited Presentation: Effects of antidepressant drugs and cigarettes during pregnancy. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

463. Graham J.M., Jr. Course Organizer, Invited Presentation: Disruptions and disruptive effects. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

464. Graham J.M., Jr. Course Organizer, Invited Presentation: Teratogenicity of retinoids and immunosuppressants. Second European School of Medical Genetics Course in Clinical Dysmorphology. Bertinoro, Italy May 12-15, 2008.

465. Graham J.M., Jr. Invited Presentation: Teratogenic effects of maternal diabetes and/or obesity. Perinatal Advisory Committee of Los Angeles County (PAC-LAC) Annual Conference. Los Angeles CA, May 29, 2008.

466. Graham J.M., Jr. Invited Presentation: Review of array comparative genomic hybridization in the evaluation of autism. Signature Scientific Microarray Conference. Spokane WA, June 20-21, 2008.

467. Graham J.M., Jr., Kramer, N., Bejjani, B., Thiel, C.T., Carta, C., Neri, G,Tartagli,a M., Zenker, M: Duplication of *PTPN11* in a boy with Noonan syndrome. Signature Scientific Microarray Conference. Spokane WA, June 20-21, 2008.

468. Graham, Jr., J.M., Adam, M.P., Hudgins L., Carey, J.C., Hall, B.D., Coleman K., Gripp K.W., Perez-Aytes A.: Preaxial hallucal polydactyly as a marker for diabetic embryopathy. Presented at the Teratology Society Meeting, Monterey CA, June 29-July 2, 2008.

469. Sanchez-Lara, PA, Carmichael, S., Graham, jM. Jr. Lammer, E, Shaw, G, Rasmussen, S.A. and the National Birth Defects Prevention Study: Fetal constraint as a potential risk factor for craniosynostosis: Presented at the Teratology Society Meeting, Monterey CA, June 29-July 2, 2008.

470. Graham J.M., Jr., Kramer, N., Bejjani, B., Thiel, C.T., Carta, C., Neri, G, Tartaglia M., Zenker, M: Duplication of *PTPN11* in a boy with Noonan syndrome. Presented at the 29th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblanc, Quebec, Canada, August 8-12, 2008.

471. Adam, M.P., Hudgins L., Carey, J.C., Hall, B.D., Coleman K., Gripp K.W., Perez-Aytes A., Graham, Jr., J.M.: Preaxial hallucal polydactyly as a marker for diabetic embryopathy. Presented at the 29th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblanc, Quebec, Canada, August 8-12, 2008.

472. Sanchez-Lara, PA, Carmichael, S., Graham, jM. Jr. Lammer, E, Shaw, G, Rasmussen, S.A. and the National Birth Defects Prevention Study: Fetal constraint as a potential risk factor for craniosynostosis. Presented at the 29th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblanc, Quebec, Canada, August 8-12, 2008.

473. Spencer, A., Lara- Sanchez, P. Dobyns, W., Golden, J., Schwartz, C., Bannykh, S, Krakow, D. Graham, J.M., Jr.: An unusual case of lissencephaly with distinctive neuropathology: a new syndrome compared with other known lissencephaly syndromes. Presented at the 29th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblanc, Quebec, Canada, August 8-12, 2008.

474. Graham J.M., Jr., Kramer, N., Bejjani, B., Thiel, C.T., Carta, C., Neri, G, Tartaglia M., Zenker, M: Duplication of *PTPN11* in a boy with Noonan syndrome. Presented at the 13th Manchester Dysmorphology Conference, Manchester England, October 28-61, 2008.

475. Sanchez-Lara, PA, Carmichael, S., Graham, jM. Jr. Lammer, E, Shaw, G, Rasmussen, S.A. and the National Birth Defects Prevention Study: Fetal constraint as a potential risk factor for craniosynostosis. Presented at the American Society of Human Genetics Meeting, Philadelphia, PA, November 11-15, 2008.

476. Graham J.M., Jr. Invited Presenation: Teratogenic impact of maternal gestational diabetes. 15th Annual Conference: California Association of Neonatologists: Current Topics and Controversies in Perinatal and Neonatal Medicine. Coronado CA, March 6-8, 2009.

477. Spencer A, Pariani M, Graham J.M., Jr., Rimoin D: Deletion of FOXP1 is associated with speech delay, contractures, hypertonia and blepharophimosis. Presented at the American College of Medical Genetics Meeting. Abstract 232; page 155. Tampa FL, March 25-28, 2009.

478. Graham J.M., Jr. Invited Presentation: Uterine and Placental Factors. Massachusetts General Hospital Postgraduate Course in Human Teratogens. Boston MA, April 26-28, 2009.

479. Graham, J.M., Jr.: Invited Presentation: Medical genetics evaluation in children with disabilities: why does it matter? Spring Medical Surgical / Behavioral Science Conference, Bad Kissingen, Germany, May 17-21, 2009.

480. Graham, J.M., Jr.: Invited Presentation: Diagnosis-based management of children (and families) with genetic syndromes. Spring Medical Surgical / Behavioral Science Conference, Bad Kissingen, Germany, May 17-21, 2009.

481. Graham J.M., Jr., Merrill A., Krakow D.: Is use of the term autosomal recessive Larsen syndrome justified for autosomal recessive sulfation disorders? Presented at the 30th David W. Smith Workshop on Malformations and Morphogenesis, Children's Hospital of Philadelphia, Philadelphia PA, August 5-9, 2009.

482. Mencias I., Kohlhase J., Borozdin W., Graham J.M., Jr.: Wildervanck syndrome: an asymmetrical phenotype with discordant expression in monozygous twins. Presented at the 30th David W. Smith Workshop on Malformations and Morphogenesis, Children's Hospital of Philadelphia, Philadelphia PA, August 5-9, 2009.

483. Spencer A., Grinberg I., van Ruissen F., Namavar Y., Baas F., Plat L., Dobyns W., Graham J.M., Jr.: Pontocerebellar hypoplasia type II in twins caused by a homozygous mutayion in TSEN54: Is prenatal diagnosis possible? Presented at the 30th David W. Smith Workshop on Malformations and Morphogenesis, Children's Hospital of Philadelphia, Philadelphia PA, August 5-9, 2009.

484. Clark, R.D., Graham, Jr., J.M., Friez M.J., Hoo, J.J., Jones, K.L., McKeown C., Moeschler, J.B., Raymond F.L., Rogers, R.C., Schwartz, C.E., Battaglia A., Lyons M.J., Stevenson, R.E.: The clinical phenotype of FG (Opitz-Kaveggia): an algorithm for diagnostic testing. Presented at the British Society of Human Genetics Conference, University of Warwick, Coventry UK, August 31-September 2, 2009.

485. Graham, J.M., Jr.: Invited Presentation: Common syndromic prenatal-onset growth disorders. Landstuhl Regional Medical Center Grand Rounds, Heidelberg, Germany, September 1, 2009.

486. Graham J.M., Jr., Spencer A., Grinberg I., Platt L., Maya M., van Ruissen F., Namavar Y., Baas F., Platt L., Dobyns W.: Molecular and neuroimaging findings in pontocerebellar hypoplasia type II. Platform presention at the 20th European Meeting on Dysmorphology, Strasbourg France, September 4-5, 2009.

487. Clark, R.D., Graham, Jr., J.M., Friez M.J., Hoo, J.J., Jones, K.L., McKeown C., Moeschler, J.B., Raymond F.L., Rogers, R.C., Schwartz, C.E., Battaglia A., Lyons M.J., Stevenson, R.E.: The clinical phenotype of FG syndrome: an algorithm for diagnostic testing. Platform presentation at the American Society of Human Genetics Meeting, Abstract 228, page 87, Honolulu, HI, October 20-24, 2009.

488. Burkardt D., Rosenfeld J., Angle B., Banks V., Gripp K.W., Helgeson M., Kramer N., Moline J., Moran R., Niyazov D.M., Smith W., Stevens C., Zackai E., Lachman R.S., Graham, J.M. Jr.: Patients with deletion 1q24-q25 have a recognizable syndrome. Platform presention at the American College of Medical Genetics Meeting, Albuquerque NM, March 24-28, 2010.

489. Burkardt D., Rosenfeld J., Angle B., Banks V., Gripp K.W., Helgeson M., Kramer N., Moline J., Moran R., Niyazov D.M., Smith W., Stevens C., Zackai E., Lachman R.S., Graham, J.M. Jr.: Distinctive phenotype in 8 patients with deletion of chromosome 1q24-q25. Platform presention at the Pediatric Academic Societies Meeting, Vancouver BC, May 1-4, 2010.

490. Sun A, Petrin AL, May M, Chaubrey A, Murray JC, Smith RJH, Schwartz CE, Kramer N, Graham, Jr JM: A new gene for Branchio-Oto-Renal syndrome in an extended pedigree: AHI1. Presented at the 31th David W. Smith Workshop on Malformations and Morphogenesis, Alderbrrook Resort, Union WA, August 27-September 1, 2010.

491. Graham, J.M. Jr.: Burkardt D., Rosenfeld J., Helgeson M., Angle B., Banks V., Smith W., Gripp K.W., Moline J., Moran R., Niyazov D.M., Stevens C., Zackai E., Lebel R.R., Ashley D., Kramer N., Lachman R.S.: Distinctive phenotype in 9 patients with deletion of chromosome 1q24-q25. Presented at the 31th David W. Smith Workshop on Malformations and Morphogenesis, Alderbrrook Resort, Union WA, August 27-September 1, 2010.

492. Graham, J.M. Jr.: Burkardt D., Rosenfeld J., Helgeson M., Angle B., Banks V., Smith W., Gripp K.W., Moline J., Moran R., Niyazov D.M., Stevens C., Zackai E., Lebel R.R., Ashley D., Kramer N., Lachman R.S.: Distinctive phenotype in 9 patients with deletion of chromosome 1q24-q25. Presented at the 14th Manchester Dysmorphology Conference, Manchester England, October 11-14, 2010.

493. Noh GY, Graham, J.M. Jr.: Elucidating the complexity of epilepsy: clues from 2q23.1 deletion. Journal of Investigative Medicine 59;111, 2011. Presented at the Western Society for Pediatric Research Meeting, Carmel, CA, January 26-29, 2011.

494. Graham, J.M. Jr.: Invited presentation: Common limb malformation syndromes, First Indo-US Symposium on Skeletal Dysplasia, Lucknow, India, Febuary 12-13, 2011.

495. Graham, J.M. Jr.: Invited presentation: Overgrowth syndromes, First Indo-US Symposium on Skeletal Dysplasia, Lucknow, India, Febuary 12-13, 2011.

496. Graham, J.M. Jr.: Cardinal features and characteristicbehaviors in FG syndrome. Invited Presentation, ACMG Program Guide and Abstracts p.277, Presented at the American College of Medical Genetics Annual Meeting, Vancouver BC, March 16-20, 2011.

497. Graham, J.M. Jr., Kramer N., Funari V., Klein O., Seidel K., Kantaputra P., Taylor K.D.: Autosomal dominant natal teeth with selective tooth agenesis. ACMG Program Guide and Abstracts p.228, Presented at the American College of Medical Genetics Annual Meeting, Vancouver BC, March 16-20, 2011.

498. Noh GY, Graham, J.M. Jr.: Elucidating the complexity of epilepsy: clues from 2q23.1 deletion. ACMG Program Guide and Abstracts p.197, Presented at the American College of Medical Genetics Annual Meeting, Vancouver BC, March 16-20, 2011.

499. Graham, J.M. Jr., Kramer N., Funari V., Klein O., Seidel K., Kantaputra P., Taylor K.D.: Autosomal dominant natal teeth with selective tooth agenesis. Presented at European Society for Human Genetics Annual Meeting, Amsterdam, Netherlands May 28-31, 2011.

500. Klaassens M., Reinstein E., Hilhorst-Hofstee Y., Schrander J.J.P., Malfait F., Staal H., Speth L., ten Have L.C., Blaauw J., Roggeveen H.C.J., De Paepe A., van Steensel M.A.M., Pals G., Graham, Jr., J.M., Schrander-Stumpel C.T.R.M.: Ehlers-Danlos syndrome arthrochalasia type (VIIA-B) – expanding the phenotype: from prenatal life through adulthood. Presented at European Society for Human Genetics Annual Meeting, Amsterdam, Netherlands May 28-31, 2011.

501. Graham, J.M. Jr., Kramer N., Funari V., Klein O., Seidel K., Kantaputra P., Taylor K.D.: Autosomal dominant natal teeth with selective tooth agenesis. Presented at the 32nd David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead UCLA Conference Center, Lake Arrowhead CA, September 9-14, 2011.

502. Dobyns W.B., Mirzaa G.M., Graham, J.M. Jr.: Insights on overgrowth from the macrocephaly-capillary malformation syndrome. Presented at the 32nd David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead UCLA Conference Center, Lake Arrowhead CA, September 9-14, 2011.

503. Sun A., Taylor K., Kramer N., Graham, J. M., Jr.: Novel locus identified for Branchio-Oto-Renal syndrome. Presented at the 32nd David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead UCLA Conference Center, Lake Arrowhead CA, September 9-14, 2011.

504. Reinstein E., Graham J.M. Jr., Rimoin D.L.: Ehlers-Danlos syndrome with periventricular nodular heterotopia (EDS-PNH): expanding the phenotype. Presented at the 32nd David W. Smith Workshop on Malformations and Morphogenesis, Lake Arrowhead UCLA Conference Center, Lake Arrowhead CA, September 9-14, 2011.

505. Graham, J.M. Jr., Kramer N., Funari V., Klein O., Seidel K., Kantaputra P., Taylor K.D.: Autosomal dominant natal teeth with selective tooth agenesis. Presented at 34th Annual Society of Craniofacial Genetics and Developmental Biology Meeting, Montreal, October 11, 2011, American Journal of Medical Genetics, Part A, p4, 2012.

506. Graham, J.M. Jr., Kramer N., Funari V., Klein O., Seidel K., Kantaputra P., Taylor K.D.: Autosomal dominant natal teeth with selective tooth agenesis. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

507. Sun A., Taylor K., Kramer N., Graham, J.M. Jr.: Novel locus identified for Branchio-Oto-Renal syndrome. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

508. Lee H., Graham J.M. Jr., Rimoin D.L., Lachman R.S., Nelson S.F., Krakow D., Cohn D.H.: Acrodysostosis: exome sequencing identifies mutations in PDE4D encoding phosphodiesterase 4D. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

509. Stevens C.G., Yagnik G. Qi L. Cherkez E., Sanchez-Lara P.A., Kimonis V., Stoler J., Cunningham M., Graham J.M. Jr., Boyadiev S.A.: Clinical and epidemiolocal analysis of nonsyndromic craniosynostosis. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

510. Noh GY, Graham, J.M. Jr.: Elucidating the complexity of epilepsy: clues from 2q23.1 deletion. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

511. Probst F.J., Corrigan R.R., Zabriskie R.C., Murdock D.R., Hamid R., Tiller G.E., Phillips J.A., Kramer N., Graham J.M. Jr., Bainbridge M.N., jin W., Wang L.L., Gibbs R.A., Plon S.E.: Linkage analysis and whole-exome sequencing on families with multiple lipomatosis. Presented at 12th International Congress of Human Genetics, Montreal, October 11-15, 2011.

512. O'Leary R., Shih J.C., Hyland K., Kawamata N., Tavyev-Asher Y. J., Graham J. M., Jr.: De novo microdeletion of Xp11.3 targeting the monoamine oxidase A and B genes in a male infant with episodic hypotonia: a genomics approach to personalized medicine. Presented at Western Society for Pediatric Research, Carmel CA, January 26-28, 2012 (Winner WSPR Genetics Subspecialty Award).

513. Kramer N.A., Falk R.E., Graham J.M., Jr.: Evidence of a population specific mutation in *USH1G* that leads to Usher syndrome in the Filipino population. Presented at American College of Medical Genetics Annual Meeting, Charlotte NC, March 27-31, 2012.

514. Graham J.M., Jr., O'Leary R., Shih J.C., Hyland K., Kawamata N., Tavyev-Asher Y. J.: De novo microdeletion of Xp11.3 targeting the monoamine oxidase A and B genes in a male infant with episodic hypotonia. Presented at the 33rd David W. Smith Workshop on Malformations and Morphogenesis, Legacy Lodge Conference Center, Atlanta GA, August 8-12, 2012.

515. Carter M.T., Mirzaa G.M., McDonell L.M., Clericuzio C., Aesadi G., Graham, J.M., Jr., Dobyns W.B., Boycott K.M.: Microcephaly-Capillary Malformation Syndrome (MIC-CAP): further clinical delineation of four new patients. Presented at the 33rd David W. Smith Workshop on Malformations and Morphogenesis, Legacy Lodge Conference Center, Atlanta GA, August 8-12, 2012.

516. Graham J.M., Jr.: Invited Talk: Genetics of neonatal seizures and early infantile epileptic encephalopathy. Presented at Indo-US Symposium on Disorders in the developing Brain. October 27-28, 2012, Kasturba Medical College, Manipal India.

517. Graham J.M., Jr.: Evaluation of epilepsy syndromes in Genetics clinic. Presented at Indo-US Symposium on Disorders in the developing Brain. October 27-28, 2012, Kasturba Medical College, Manipal India.

518. Basel-Vanagaite L., Kasrlinsky L., Wolf L., Shohat M., Skinner C., Rogers C., Stevenson R., Schwartz C.E., Graham J.M., Jr.,: Computer-aided facial recognition of individuals with FG (Opitz-Kaveggia) syndrome caused by p.Arg961Trp mutation in *MED12*, Presented at American Society of Human Genetics Meeting, November 6-10, 2012.

519. Russell B, Nasiak M, Kramer N, Johnston JJ, Biesecker LG, Graham JM Jr.: Diagnosis and management of Bohring-Opitz Syndrome caused by *de novo ASXL1* mutations. Presented at Western Society for Pediatric Research, Carmel CA, January 24-26, 2013.

520. Bale S., Graham Jr., J.M., Cohen J., Kramer N.: Laboratory and Clinical Perspectives on the Technology and Applications of Whole Exome Sequencing. National Society of Genetic Counselors Webinar, March 28, 2013.

521. Graham Jr. JM, Russell B, Johnston JJ, Biesecker LG: Diagnosis and management of Bohring-Opitz Syndrome with or without *ASXL1* mutations. Presented at the European Human Conference, Paris FR, June 8-11, 2013.

522. Graham Jr, JM. Pediatric issues in Marfan syndrome. National Marfan Foundation Annual Family Conference, Los Angeles CA, August 3, 2013.

523. Mirzaa G.H., Adams C, Kramer N, Conway R.L., Graham, Jr. J.M., Dobyns W.B.: Molecular insights into mosaic megalencephaly disorders. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

524. Graham, Jr., J.M., Russell B., Kramer N., Johnston J.J., Biesecker L.G.: Diagnosis and management of Bohring-Opitz syndrome. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

525. Hunter AGW, Graham, Jr., JM, Neri G, Rogers RC, Stevenson RE, Turner G, Friez MJ: The Intellectual Disabilities Evaluation and Advice System (IDEAS): outcome of the first 55 cases. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

526. Castillo A., Kramer N., Lausch E., Zachai, EH, Hakonsrson H, Saita S, Graham Jr. J.M.: Infantile systemic hyalinosis versus infantile myofibromatosis. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

527. Mirzaa GM, Adams C, Kramer N, Conway R, Graham, Jr. JM, Dobyns WB: Molecular insights into mosaic megalencephaly disorders. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

528. McDonnell LM, Mirzza GH, Alcantara D, Carter Melissa T, Graham, J. JM, Dobyns WB, O'Driscoll M, Boycott KM: Mutations in *STAMBB* cause microcephaly capillary malformation syndrome. Presented at the 34th David W. Smith Workshop on Malformations and Morphogenesis, Mont Tremblant, Quebec, CA, August 9-14, 2013.

529. McMillan MJ, Beck AE, Chong JX, Shively KM, Buckingham KJ, Gildersleeve HJ, Splitt M, Aylesworth AS, Krapels IPC, Curry CJ, Alvarez MIA, Hecht JT, Hurst J, Scott R, Graham, Jr JM, Smith JD, Tabor HK, Shendure J, Nickerson DA, Banshad MJ: Mutations in *PIEZO2* cause Gordon syndrome, Marden Walker syndrome and distal arthrogryposis type 5. Presented at the American Society of Human Genetics Meeting, Boston MA, October 22-26, 2013.

530. Dhamija R, Graham, Jr, JM, Thorland E, Kirmani S: Novel *denovo SPOCK1* mutation in a proband with developmental delay, microcephaly and agenesis of corpus callosum. Presented at the American Society of Human Genetics Meeting, Boston MA, October 22-26, 2013.

531. Graham, Jr. JM: Lessons from the exome. Pediatric Grand Rounds, Dartmouth-Hitchock Medical Center, Lebanon NH, October 2, 2013.

532. Shih EM, Graham, Jr. JM, Vitazka P, Pitukcheewanont P: Duplication of 17p13.3 involving *SERPINF1* associated with an unclassified type of metaphyseal dysplasia. Presented at Western Society for Pediatric Research, Carmel CA, January 24, 2014, Journal of Investigative Medicine, 62:232, 2014.

533. Graham, Jr. JM: Lessons from the exome. Pediatric Grand Rounds, Harbor-UCLA Medical Center, Torrance CA, February 13, 2014.

534. Graham Jr. JM: The many faces of hemimegalencephaly. Invited Presentation. Scientific Workshop on Brain Plasticity, Hemisheric Specialization, and Neurorehabilitation After Cerebral Hemisherectomy, Paradise Pier Hotel, Anaheim CA, July 9-12, 2014.

535. Graham Jr., JM, McMillin MJ, Chong J, Beck A, Bamshad M: Long-term follow-up of a patient with Msarden-Walker syndrome and a c.8056C>T *PIEZO2* mutation and comparison with Gordon syndrome and c.8057G>A mutations in *PIEZO2*. Presented at the 35th David W. Smith Workshop on Malformations and Morphogenesis, Madison WI, July 25-30, 2014.

536. Tenney J, Graham Jr, JM, Dobyns WB, Gleeson JG: A male with preaxial polydactyly, Joubert syndrome and *OFD1* mutation discovered by exome sequencing. Presented at the 35th David W. Smith Workshop on Malformations and Morphogenesis, Madison WI, July 25-30, 2014.

537. Babkina N, Giurgea I, Mowat D, Graham Jr. JM: Early infantile epileptic encephalopathy with a de novo variant in *ZEB2* discovered by exome sequencing. Presented at the 35th David W. Smith Workshop on Malformations and Morphogenesis, Madison WI, July 25-30, 2014.

538. Russell B, Johnston JJ, Biesecker LG, Kramer N, Pickart A, Rhead W, Tan W-H, Brownstein CA, Clarkson LK, Dobson A, Rosenberg AZ, Graham Jr., JM: Clinical management of patients with *ASXL1* mutations and Bohring-Opitz Syndrome, emphasizing the need for Wilms tumor surveillance. Presented at the 64th Annual American Society for Human Genetics Meeting, October 18-22, 2014, San Diego CA.

539. Graham Jr, JM: Everything you needed to know about plagiocephaly and craniosynostosis but were afraid to ask. (Invited Presentation). AAP Chapter 2 Town Hall Meeting, October 22, 2014, Woodland Hills CA.

540. Graham Jr, JM: Congenital overgrowth syndromes. (Invited Presentation). Presented at the INDO-US Symposium on Genomic Insights into Human Morphogenesis: Prenatal, Postnatal and Molecular Dysmorphology & First Annual Meeting of the Indian Academy of Medical Genetics, November 7-9, 2014, Hyderabad, India.

541. Graham Jr, JM: MED-12 Related Disorders. (Invited Presentation). Presented at the INDO-US Symposium on Genomic Insights into Human Morphogenesis: Prenatal, Postnatal and Molecular Dysmorphology & First Annual Meeting of the Indian Academy of Medical Genetics, November 7-9, 2014, Hyderabad, India.

542. Graham Jr., JM: Syndromes of Primordial Short Stature. (Invited Presentation). Presented at the INDO-US Symposium on Genomic Insights into Human Morphogenesis: Prenatal, Postnatal and Molecular Dysmorphology & First Annual Meeting of the Indian Academy of Medical Genetics, November 7-9, 2014, Hyderabad, India.

543. Graham Jr, JM: Infant head shape abnormalities. (Invited Presentation). CSMC Pediatric Grand Rounds, January 15, 2015, Los Angeles, CA.

Appendix B

EXPERT TESTIMONY (2010-2014) John M. Graham, Jr., MD, ScD

Jackson v. Wyeth et al (Cloacal malformation)
Court Testimony 12/6/10
For: Kathy A. Cochran, Esq. (Defense),
Wilson, Smith, Cochran, Dickerson
1215 Fourth Ave.,, Suite 1700, Seattle WA 98161

Davis v. Totally Kids (Central Hypoventilation syndrome-PHOX2B)
Deposition Testimony 6/10/11
For: George Nowotny, Esq. (Defense)
Lewis Brisbois Bisgaard & Smith LLP
221 N. Figueroa St., Suite 1200, Los Angeles, CA 90012

Anderson v. Village Covenant Church (Epileptic Encephalopathy)
Deposition Testimony (1/30/12)
For: Bill Daniels Esq. (Treating Geneticist)
Bill Daniels Law Offices, APC
16133 Ventura Blvd, Penthouse Suite A, Encino CA 91436

Whitney v. Hadco Corp. (Hirschsprung disease with CMV infection)
Deposition Testimony 3/5/12
For: Sean Joanis Esq. (Defense)
Bonner, Kiernan, Trebach and Crociata LLP
200 Portland Street, 4th Floor, Boston MA 02114

Czimmer, Bennett, Powell, Anderson, Ramos et al., v. Janssen Pharmaceuticals (Topamax Product Liability)
Depositons 4/8/13, 4/9/13, 6/18/13, 7/2/13, 12/3/13
For: Bill Essig Esq. (Defense)
Drinker Biddle and Reath LLP
191 North Wacker Dr, Suite 3700, Chicago IL 60606

Zoloft Product Liability Litigation (Pfizer, Inc)
Deposition 11/25/13
For: Andrew Myer, Esq. (Defense)
Wheeler, Trigg, ODonnell, LLP
1801 California Street, Suite 3600, Denver CO 80202

Bonner v. Abbott (Depakote Product Liability)
Deposition 3/14/14
For: Michael Klatt, Esq. (Defense)
Gordon & Rees LLP
816 Congress Avenue, Suite 1510, Austin, TX 78701

Murphy v. NXP Semiconductors (Paternally derived *NKX2.2* disruption)
Deposition 3/18/14
For: Daniel L. Ring, Esq. (Defense)
Mayer Brown LLP
71 South Wacker Drive
Chicago, Illinois 60606

Dotegowski v Abbott Laboratories (Depakote Product Liability)
Deposition 7/8/14
For: Michael Klatt, Esq. (Defense)
Gordon & Rees LLP
816 Congress Avenue, Suite 1510, Austin, TX 78701

Bustamante v. Children's Hospital of Los Angeles (22q11.2 del-IAA)
Deposition 8/8/14
For: Alex Watson, Esq. (Defense)
Fraser, Watson & Croutch LLP
100 West Broadway, Suite 650, Glendale, CA 91210

Kaleta v Abbott Laboratories (Depakote Product Liability)
Deposition 12/9/14
For: Michael Klatt, Esq. (Defense)
Gordon & Rees LLP
816 Congress Avenue, Suite 1510, Austin, TX 78701

Appendix C

Materials Considered

C-8 Science Panel, Probable Link Evaluation of Birth Defects (Dec. 5, 2011).

First Amended Complaint in *Bartlett v. E. I. du Pont de Nemours and Company*, Case No. 2:13-cv-170 (S.D. Ohio).

Complaint in *Wolf v. E. I. du Pont de Nemours and Company*, Case No. 2:14-cv-0095 (S.D. Ohio).

Expert Report of Mr. Stephen E. Petty, P.E., C.I.H., C.S.P., dated Dec. 6, 2014, in *Bartlett v. E. I. du Pont de Nemours and Company*, Case No. 2:13-cv-170 (S.D. Ohio) and *Wolf v. E. I. du Pont de Nemours and Company*, Case No. 2:14-cv-0095 (S.D. Ohio).

Expert Report of Barry S. Levy, M.D., M.P.H., dated Nov. 20, 2014, in *Bartlett v. E. I. du Pont de Nemours and Company*, Case No. 2:13-cv-170 (S.D. Ohio) and *Wolf v. E. I. du Pont de Nemours and Company*, Case No. 2:14-cv-0095 (S.D. Ohio).

Expert Report of Michael B. Siegel, MD, MPH, undated, in *Bartlett v. E. I. du Pont de Nemours and Company*, Case No. 2:13-cv-170 (S.D. Ohio) and *Wolf v. E. I. du Pont de Nemours and Company*, Case No. 2:14-cv-0095 (S.D. Ohio).

Expert Report of Steven Amter, dated Nov. 21, 2014, in *Bartlett v. E. I. du Pont de Nemours and Company*, Case No. 2:13-cv-170 (S.D. Ohio) and *Wolf v. E. I. du Pont de Nemours and Company*, Case No. 2:14-cv-0095 (S.D. Ohio).

Transcript of June 15, 2004 Deposition of Darlene S. Bailey, and exhibits thereto, taken in *Leach v. E. I. du Pont de Nemours and Company*, Case No. 01-C-608, Circuit Court for Wood County, West Virginia.

Transcript of June 16, 2004 Deposition of Karen Robinson, and exhibits thereto, taken in *Leach v. E. I. du Pont de Nemours and Company*, Case No. 01-C-608, Circuit Court for Wood County, West Virginia.

Transcript of Apr. 14-15, 2004 Deposition of Bruce W. Karrh, M.D., taken in *Leach v. E. I. du Pont de Nemours and Company*, Case No. 01-C-608, Circuit Court for Wood County, West Virginia.

US EPA, Office of Pollution Prevention and Toxics, Risk Assessment Division, "Preliminary Risk Assessment of the Developmental Toxicity Associated with Exposure to Perfluorooctanoic Acid and Its Salts," Apr. 10, 2003

US EPA, Office of Pollution Prevention and Toxics, Risk Assessment Division, "Draft Risk Assessment of the Potential Human Health Effects Associated with Exposure to Perfluorooctanoic Acid and its Salts," Jan. 4, 2005

References:

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